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TABLE OF CONTENTS

THE GRADING AND PROMOTION OF PUPILS
C. B. Willis.

THE OUT-PATIENT PSYCHIATRIC CLINIC
G. S. Mundie, M.D.

MENTAL HYGIENE SURVEY OF THE PROVINCE OF SASKATCHEWAN

REPORT OF THE COMMISSIONER OF MENTALLY DISORDERED AND DEFECTIVE
PERSONS, SOUTH AFRICA.

NOTES AND NEWS

BOOK REVIEWS

CURRENT BIBLIOGRAPHY



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THE GRADING AND PROMOTION OF PUPILS

CHARLES B. WILLIS, PRINCIPAL OF THE ALEXANDER TAYLOR SCHOOL,
EDMONTON.

Much attention has been paid to the problem of the grading and promotion of pupils during the last few years, and rightly since it is intimately connected with questions of school costs, medical treatment, curricula, school plant, etc. "Laggards in Our Schools" by Ayres and the many comments in school surveys on age-grade tables have shown us one side of the problem. Little has been done, however, regarding the correction and, more important still, prevention of this problem.

This problem and its solution is essentially a recognition of individual differences and provision for them, with the necessity of class teaching being taken into account. The many measurements made of performance and intelligence by Courtis, Terman, and a host of others all tend to point out the great range and variety of such differences. The tendency in the past has been to consider differences in class work and in progress made through the grades as due largely to differences in health, attendance, etc., rather than to differences in natural ability.

At present educators are satisfied that the great range in progress made by different children is due largely to differences in ability, and especial importance must be attached to this difference since it is the factor which is least easily changed, in fact practically does not change at all. If a child is lacking in application to study, it is usually possible for the teacher to secure better effort, and even "school attitude,"—which has been shown by Pressey, writing in the *Elementary School Journal*, to be very important;—may be changed, but native intelligence seems to be the one thing which the teacher cannot influence or improve. At the same

time, it must be borne in mind, that very few people make use of their maximum of ability and hence nearly all of us may hope to surpass by far anything we have done so far if we will only make use of what nature has given us.

In passing, it might be said that school progress does correlate much more highly with mental age than is indicated by Pressey's results. He worked with only one grade, Grade VII. The differences in mental level were slight compared with the whole range of differences possible, but no doubt practically the whole range of differences in school attitude were present. Naturally differences in scholarship found were caused more by the great differences in school attitude than by the comparatively slight differences in mental level. His experiment shows that differences in class work within a grade, where differences in mental level are comparatively small, are due, to a very considerable extent, to differences in school attitude.

An account of what has been done in one school system might give a better idea of the possibilities of mental measurement follow-up work. The Alexander Taylor school has about 550 pupils in seventeen rooms, Grades I-VIII, and three other small schools, containing in all nine rooms, send nearly all of their pupils to Alexander Taylor at the end of Grade V. It is compulsory to attend school until the age of fifteen years. The course of study and the grading is very much like that of some of the Eastern states. About a third of the pupils are foreign—Hebrew, Russian, German and Austrian, mainly. The school year consists of 190 to 195 days.

During the last four years the intelligence of nearly all of the children in the school has been measured. The average I. Q. is about one hundred for the English-speaking, non-foreign part of the school, though most of the schools of the city must exceed this level considerably. As in practically every school on the continent, many of the pupils of average intelligence had, through irregular attendance, sickness, careless grading, poor teaching, etc., lost a year; many others who were bright had not reaped any advantage in the way of extra promotions from ability and so had in many cases grown lazy and indifferent, so much so in fact, that they were very often not recognized as bright by their teachers; finally, some who were slow had been carried along to grades where they were not capable of doing the work. The following table of mental age and grade shows the condition that existed September 1, 1920, after the promotion, etc., of those who were present at the end of June. Only the English-speaking children of English descent are taken in in this table.

Mental Age	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Total
4.....	2									2
5.....	5	1	1							7
6.....	4	7	2							13
7.....	3	19	9							31
8.....		12	21	8	1					42
9.....		2	4	19	4	2				31
10.....			2	8	20	6	4			40
11.....				1	7	14	14	6		42
12.....					1	11	18	4	2	36
13.....						2	11	17	7	37
14.....							5	15	8	28
15.....							1	6	8	15
16.....								3	6	9
17.....								1		1
Total.....	14	41	39	36	33	35	53	52	31	334

This gives a correlation between mental level and grade of .92, a much higher figure than Pressey got. If the fact that all in one grade were not equally far advanced were taken into account, this figure would no doubt be slightly changed and would probably be somewhat higher.

The follow-up work based on the condition found here consists of: (1) extra promotions for some pupils; (2) retardation or demotion of others; (3) proper placing of new pupils; (4) especial care taken to make sure that, as pupils enter Grade I, and come up through the grades, the condition at present existing will not be repeated.

Many pupils, who were below the grade their mental age would appear to warrant were given extra promotions either by being left only a half-year in each of two successive grades or by being promoted from, for example, Grade VI in June to Grade VIII in September. During the school year 1919-20, seventy-three pupils in the Alexander Taylor school received extra promotions. Only one of these pupils failed of promotion at the end of June, 1920. From September 1, 1920, to March 1, 1921, about eighty-five pupils have been given extra promotions on the basis of intelligence, class work, etc. Of these all but three or four are doing satisfactory work.

Pupils who come in from other schools are placed by taking account of their former standing and their mental level. Some are moved up a grade, others down a grade and still others saved from demotion when they do not appear to be doing satisfactory work but the mental test

shows the probability of their soon doing so. A mental level of about 12 years 9 months to 14 years 3 months is considered about right for Grade VIII at the beginning of the school year, September 1; 11 years 9 months to 13 years 3 months for Grade VII etc. Since the test was first used it has been the important or deciding factor in about 110 extra promotions and has been a means of saving about 100 children from demotion or non-promotion. Few mistakes, in fact practically none, have been made by promoting too rapidly but doubtless many have been made by our being too cautious.

The over-age in the school has been cut down from 42% to 29%, counting as overage all pupils who are more than 7 years 3 months of age when they begin Grade I or more than 14 years 3 months when they begin Grade VIII, etc. In other words, the average time required to complete eight grades has been cut down by slightly over one year. Very careful standard tests show that the work of the school has improved about 7% at the same time as the grading, and, in addition to this, the classes are more closely grouped around the median scores. (The scores made are for Grade VI about the same as or somewhat better than the standards set by Courtis and others for Grade VII, etc.) On a test in arithmetic given last spring by the provincial inspector, one of the Grade VIII classes in the Alexander Taylor school scored the highest of any Grade VIII in the city and the other Grade VIII in the school was very little lower. Definite, pointed supervision, applied as follow-up work after standard tests have revealed class weaknesses, has more than balanced the effect of rapid promotion on class attainment.

It must be kept in mind, however, that energy, persistence, regularity of attendance, class work, health, school attitude, etc., are important factors to be considered in grading. Intelligence is probably as important as all the other factors combined, and, since it is practically beyond the influence or control of the teacher and changes relatively little, is more basic. The teacher may overcome defective application on the part of the pupil but can scarcely overcome the handicap of defective mentality. If a pupil is not doing well in class, the reason should be found and proper remedies applied. If poor work is due to a lack of ability and the pupil is really doing as well as he can, he is encouraged and made to feel that he is coming on all right, but if he is found to be bright and lazy, steps are taken to bring about a change. Often the simple statement that he is not doing well, though he is bright and capable of good work and must do better, is sufficient to produce considerable improvement. It is well to remember that few pupils attain at all nearly to the success their mentality would warrant. This, no doubt, accounts for the occasional case where a pupil

of average ability does excellent work or a pupil of poor ability does average work.

At present the following are being used as guide lines to aid, not as rules to be slavishly followed. Pupils who have completed Grade VI in June may be promoted to Grade VIII in September: (1) if mental age, September 1, is 14 years 3 months or above and they are in the upper 69% of the class in the June tests; (2) if mental age is 13 years 9 months to 14 years 2 months and they are in the upper 31% of the class; (3) if mental age is 13 years 3 months to 13 years 8 months and they are in the upper 7% of the class.

Grades III, IV, and V are treated similarly except that in Grade VI 12 years 3 months is substituted for 12 years 3 months in Grade VIII, etc., and the six month interval used for Grade VI is cut to 5 months for Grade IV and to 4 months for Grade III. (Common sense is needed in applying these standards. Common sense here has the usual meaning, uncommon sense.)

The following regression equation has been developed to indicate the probable marks in Grade VIII of a pupil who is skipped from Grade VI: $M = .2025 X + 2.5276 Y + 2.2686 Z - 9$, where M is the Grade VIII marks, X is the Grade VI marks, Y the I. Q., and Z the spelling marks in Grade VI. For an explanation of the method of developing this, any good work on educational statistics may be consulted. It is, of course, not useful except in the system where it has been developed but if a number of cases are taken, a similar equation may be developed for any system.

The brighter pupils who enter Grade I in February complete Grade I and Grade II in one and one-half years; the duller ones are given a good grounding by putting one and one-half years in Grade I.

Skipping grades is, however, at best only a makeshift. The grading, from the time pupils enter school, should be handled so that pupils do not get behind the grade they should be in. To obtain all the advantages and none of the disadvantages of skipping grades, school systems with large schools should provide an eight-year course of study for pupils of I. Q. about 93-107, the average pupils; a nine year course, with less academic and more manual work, for pupils of I. Q. about 78-92; and a seven-year course, somewhat enriched, for pupils of about I. Q. 108-122. Pupils above 122 I. Q. and below 78 I. Q. might well be given special ungraded classes. It seems obvious that a child who will require nine years in public school would be better to take one-ninth of the course per year, than to fail once, take one year's work twice, and cover the other year's work at too rapid a rate for his understanding. Pupils should not of course enter Grade I until their mental level is at least 6 years zero months, regardless of their actual age.

The feeble-minded are an entirely separate problem to the one which is being discussed. They require special attention in ungraded classes, where they are taught mainly along manual lines. At the age of puberty many of them will require to be segregated.

The pupils in a school system should be measured by means of the National Research Group Intelligence tests, published by the World Book Company, Yonkers, New York, as early in September as possible if they have not been tested before. This, together with supervision by means of standard tests, should be the chief function of the superintendent in small cities; in large cities, a special director of measurements and supervision should take care of this work.

Pupils could then be given extra promotions, etc., on the basis outlined above or, if the seven, eight, and nine year course of study were in effect, could be placed in the one of these that would, without skipping or failure, allow them to finish Grade VIII at the mental age of 14 years zero months to 15 years zero months. In extreme cases, some skipping or failure might be needed. Careful grading gives more and better education at less cost.

About 5% to 10% of any average class should be held back. There is a conflict in high-school work between the high standards necessarily required for entrance to professional schools, such as medicine, law, etc. and the lower standards that are necessary if the high school is to give education to the majority of the children, not deny it to them as at present. The standard for entrance to the professional schools might be raised above what it is at present to bar out inferior people. A mental test should also be given and a fairly high standard required. A lower standard or easier courses might be made use of for pupils who simply wished to benefit by a high school education. Schools should be made to fit the pupils, not pupils expected to fit the schools.

On account of the small number of pupils and the lack of money and clerical assistance, little work of value can be done in a single school and the experimental work that is done does not give very reliable results. A city with ten or twenty large schools offers a very rich field for work of this nature. The work of grading and supervision is almost totally ineffective without such a scientific basis. In this short account, many things have been passed over rapidly and all and sundry are warned not to interpret and extend these ideas in their own way and then blame the writer if their own mode of handling is unsatisfactory.

THE OUT-PATIENT PSYCHIATRIC CLINIC

BY GORDON S. MUNDIE, B.A., M.D., MONTREAL.

The out-patient psychiatric clinic, Royal Victoria Hospital, was organized in March, 1919, under the auspices of the Canadian National Committee for Mental Hygiene, and since its organization all the expenses in connection with it, including two social workers and stenographic assistance, has been borne by the Committee. Before the clinic came into existence, a limited amount of psychiatric examination of patients had been done in the neurological out-door clinic under the direction of Dr. C. K. Russel. When the psychiatric clinic was opened, the four physicians attached to the neurological clinic, who have all had psychiatric training, with Dr. Tait, Professor of Psychology, undertook the duties of the new clinic.

The clinic at first was considered by practically every social organization and physician simply as a clinic for feeble-mindedness. Gradually, however, this impression is disappearing and the clinic is being asked to help solve every form of social problem. The Family Welfare Association, The Women's Directory, who look after the unmarried mother, The Children's Bureau, The Catholic Social Service Guild, The Juvenile Court and The Federation of Jewish Philanthropies are referring more patients to the clinic every month. Physicians, parents and relatives are all appreciating the value of the clinic more and more.

TABLE I—NEW PATIENTS

	Male	Female
Adults.....	51	145
Adolescents.....	153	125
Children.....	141	76
Infants.....	8	2
	353	348

Total number of new patients..... 701

Table I shows the number of patients as represented by male and female adults, adolescents, children and infants. The number of males exceeds that of females by five. In most clinics the females predominate and the reason the order is reversed in our clinic is because most of the cases referred from the Juvenile Court were male delinquents. The female adults greatly exceed the number of male adults on account of the women referred by the Women's Directory and other Social Agencies. It is also much easier to persuade a woman than a man to attend a nervous or mental clinic. The preponderance of male children over female children is explained by the fact that there are more boys than girls who

need to be referred by the Juvenile Court, and also that in institutions for children the boys are usually more of a problem than the girls.

TABLE II

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Infant	F. Infant	Total
Juvenile Court.....			87	27	37	5			156
Schools and institu- tions.....			4	2	10	1			17
Physicians and other hospitals.....	18	31	18	11	16	17	1	2	114
Social agencies.....	20	58	25	43	48	35	5		234
Canadian Patriotic Fund.....	2	9	7	3	12	8			41
Women's Directory.....		28		14	2				44
Girls' Cottage In- dustrial School.....				17					17
Other Clinics in Royal Victoria Hospital.....	7	14	9	6	12	5	1		54
Own or relative's ini- tiative.....	4	5	3	2	4	5	1		24
	51	145	153	125	141	76	8	2	701

Table II give us the sources from which the clinic derives its patients. The largest number of patients were referred by social agencies. This is natural because it is these agencies who are faced by apparently insurmountable problems and before the organization of the psychiatric clinic no importance had been paid to the mental side of their patients' problems. Now that these agencies realize the importance of finding out the mental make-up of each patient, they are referring cases to the clinic almost as a routine measure.

The Juvenile Court referred the next largest number of cases. In this regard it is well to note that there is no regular mental and physical examination of each boy and girl brought before the Court. The cases referred to the clinic only represent most of the Non-Catholic cases and they were practically all English-speaking. A systematic examination of the Catholic and French-speaking cases is not made. The reason of this fact is because there is no legal provision made for the examination of the boys and girls. The Protestant and Jewish probation officers, however, have arranged with the Judge of the Court, who sees the importance of such an examination, to have all their cases examined at the clinic.

Physicians and other hospitals referred 114 cases to the clinic. As this clinic is the only psychiatric clinic in the city of Montreal, physicians are gradually referring their problem cases to us for solution. Mainly through the social service departments of the hospitals, patients are being sent to the clinic for a psychiatric examination.

The Women's Directory, who handle the problem of the unmarried mother, and the Girls' Cottage Industrial School, who look after the delinquent girl, refer all their cases, as far as possible, as a routine measure.

The Canadian Patriotic Fund look after families of the returned soldier and, as is to be expected, the problem of mental abnormality in such cases is very important.

Schools and institutions only referred 17 cases. This small number is accounted for by the fact that the schools and institutions have been surveyed, outside of the clinic, by different members of the clinic.

TABLE III—PROBLEM PRESENTED

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Mental condition of:									
1 Returned soldier..	1								1
2 Adult offender....		5		1					6
3 Juvenile delinquent			95	45	38	7			185
4 Sex offender.....		11		11	1	1			24
1. Unmarried mother.....		32		14					46
5 Suspected insane person.....	20	50	7	8		1			86
6 Suspected feeble-minded person...	6	16	34	36	80	53	7	2	234
7 Nervous child.....					1				1
8 Unemployed person.....	13	8	8	7					36
9 Alcoholic.....	1	4							5
10 Epileptic person..	3	1	5	1	8	3			21
11 Child to be placed out or adopted...				1	4	3			8
Question of epilepsy	3	1	2	1	3	7	1		18
Physical condition..	2	4	1		1				8
Question of psycho-neuroses.....	2	12	1		5	1			21
After care:									
Patients discharged from Verdun Mental Hospital.....		1							1
	51	145	153	125	141	76	8	2	701

As has been stated before, the clinic when first organized was con-organized was considered more a centre for diagnosing feeble-mindedness than one to study the different manifestations of mental disturbance. It is natural, therefore, to find that the greatest problem which the clinic so far has had to deal with is the mental condition of suspected feeble-minded persons. These patients constitute 234 out of the total 701, or 36.23 per cent.

The second most important problem was the one of the juvenile delinquent. There were 185 cases, or 26.39 per cent. of this type referred to the clinic. These cases came largely from the Juvenile Court and the Girls' Cottage Industrial School.

Eighty-six, or 12.26 per cent, of the patients were suspected to be insane, while 21, or 2.99 per cent, were thought to be suffering from some form of mental or nervous disorder which would classify them under the term psychoneuroses.

There were 46 cases of illegitimacy. If the Women's Directory had not been handicapped by lack of workers who could have brought the girls for examination, the number of unmarried mothers would probably have been doubled. In this group there were, besides, 24 patients classified as sex offenders.

The number of unemployed persons referred by the different organizations to the clinic was 36. The problem of this type of persons, until the psychiatric clinic was organized, was not considered by the charitable organizations to have any mental basis. Now, however, that a number of these persons have been proved to be suffering from some form of mental abnormality, more cases are being referred to the clinic.

All patients suffering from epilepsy are treated in the neurological clinic and this clinic in turn refers them to the psychiatric clinic to determine if they show signs of any psychosis or mental deficiency. Some patients were referred direct to the psychiatric clinic to determine if they had epilepsy. If they had, they were always sent to the neurological clinic for treatment, unless they revealed a psychiatric problem. Altogether, 39 patients with epilepsy were examined.

TABLE IV—NATIONALITY

	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Canadian.....	9	28	37	39	30	21	1	1	166
English.....	10	50	29	35	14	5			143
English-Canadian...	3	1	12	7	17	10	2	1	53
Scotch.....	1	13	2	4	1				21
Scotch-Canadian...			5		5	2			12
Irish.....	1	9	1	3	1				15
Irish-Canadian....	1	1	1	2	5	1			11
French.....			1						1
French-Canadian...	6	12	5	5	10	10	2		50
Jewish.....	11	17	48	24	45	15	2		162
American.....	1	5		1	1	1			9
Newfoundlander...	2	4	1	3	2	3			15
Italian.....	3	1	1		1	2	1		9
Belgian.....		1							1
Russian.....		1	2		2	2			7
German.....			1						1
Austrian.....	1	1			1	1			4
Austrian-Canadian..					1				1
Syrian.....		1	1	1	2	2			7
Polish.....						1			1
Rumanian.....	1		3	1					5
Italian-Canadian...			2						2
Greek.....					2				2
Negro.....	1		1						2
Spanish-American...					1				1
	51	145	153	125	141	76	8	2	701

The figures on the nationality of the patients are very interesting. One hundred and sixty-six, or 23.67 per cent, were found to be Canadians. Of the remainder, 247, or 35.23 per cent, were of foreign birth, and 162, or 23.10 per cent, were of Jewish birth. Practically all of the Jewish patients could be classified as being of foreign birth, so that more than 50 per cent of the patients had been admitted to this country as being of sound mind and body. In the last few years medical inspection by immigration officials at the ports of entrance has been greatly improved, but these figures show that, although we may need more population in Canada, we cannot be too careful in debarring those persons who are mentally unfit and who will eventually become a public charge.

The large number of Jews attending the clinic is accounted for by the fact that they seek advice more readily and earlier for any nervous or mental trouble, and also the Jewish charitable organizations are organized into one federation which enables them to co-operate more readily in solving their different problems.

TABLE V—JUVENILE COURT

Male adolescents.....	87
Female adolescents.....	27
Male children.....	37
Female children.....	5
	156

DIAGNOSIS

Dementia praecox:	
a. Simple, 1.	
Psychoneuroses:	
a. Hysterical, 1.	
Not insane:	
Mental deficiency, 76.	
Normal, 41.	
Retarded, 28.	
Deferred, 2.	
Not diagnosed, 1.	
Constitutional psycho. infer., 2.	
Epileptic, 2.	
Sex delinquent, 2.	

DISPOSITION

Com. to inst. for F.M. rec., 10.
Com. to boys' inst. rec., 22.
Com. to girls' inst. rec., 10.
Com. to boys' home rec., 3.
Special class rec., 4.
Other hospital care rec., 10.
No treatment, 1.
Probation rec., 96.

There were 156 persons from the Juvenile Court examined. This number represents only the Non-Catholic boys and girls. There is no legal arrangement by which every boy and girl brought before the court is given a medical and mental examination. By special permission of the Judge, the Jewish and Protestant probation officers have their cases examined at the clinic.

Seventy-six, or 48.71 per cent of the cases were found to be mentally deficient; 28 were retarded mentally and 41 were normal. Only 10 of the mentally deficient children were recommended to be sent to an institution for the feeble-minded. This recommendation was merely a matter of form because the Province of Quebec has not as yet an institution for the feeble-minded, except for low grade types.

Twenty-two boys were recommended to be sent to the Boys' Farm & Training School, Shawbridge. This institution, which is supported mainly by private funds, is one of the finest institutions for boys on this con-

tinent. It is unfortunate that the Provincial Government does not give it more liberal support. At present the Government only contributes \$200.00 a year for every boy committed by the Juvenile Court.

Ten girls were recommended for the Girls' Cottage & Industrial School. This institution again has not received the government support it deserves. It has only been recently that the Government has recognized it at all, and even under the contract recently signed, the School only receives \$120.00 a year for every girl committed by the Juvenile Court.

TABLE VI—SCHOOLS AND INSTITUTIONS

Male adolescents	4
Female adolescents	2
Male children	10
Female children	1
	17

DIAGNOSIS

Not insane:

- Mental deficiency, 9.
- Normal, 3.
- Deferred, 4.
- Mental deficiency with cretinism, 1.

DISPOSITION

- Con. to inst. for F.M. rec., 2.
- Special class rec., 6.
- Report and advice given to schools and insts., 5.
- No treatment, 4.

Very few patients have been referred by the schools and institutions because practically all this work has been done in special surveys. As a result of these surveys, the Protestant Board of School Commissioners organized a Special Class for the education of mentally backward children. It is expected that this class will lead to the establishment of many other special classes in the Protestant public schools. In the examination of these cases, however, the large problem of feeble-mindedness is again apparent.

TABLE VII—PHYSICIANS AND OTHER HOSPITALS

Male adults	18
Female adults	31
Male adolescents	18
Female adolescents	11
Male children	16
Female children	17
Male infants	1
Female infants	2
	114

DIAGNOSIS

- Senile psychoses:
 - a. Simple deterioration, 1.
- Psychoneuroses:
 - a. Hysterical, 1.
 - b. Psychasthenic, 2.
 - c. Neurasthenic, 2.
- Undiagnosed psychoses, 1.
- Paranoia, 1.
- Dementia praecox:
 - a. Simple, 8.
 - b. Catatonic, 2.
- Manic depressive psychoses, 3.
- Alcoholic psychoses:
 - a. Alcoholic deterioration, 1.
- Psychoses with mental deficiency, 1.
- Psychoses with other somatic diseases:
 - a. Toxic psychoses, 1.
- Not insane:
 - Mental deficiency, 44.
 - Epilepsy, 9.
 - Constitutional psycho, infer., 2.
 - Normal, 9.
 - Retarded, 4.
 - Cerebral hemorrhage, 1.
 - Cerebral diplegia, 1.
 - Chorea, 1.
 - Sex delinquent, 1.
 - Speech defect, 1.
 - Alcoholism, 1.
 - Not diagnosed, 4.
 - Mutism, 2.
 - Deferred, 8.
 - Epilepsy with mental deficiency, 2.

DISPOSITION

- Com. to inst. for F.M. rec., 13.
- Com. to mental hospital rec., 12.
- Other hospital care rec., 4.
- O.P.D. care rec., 19.
- Report and advice given to S.A., 47.
- Deportation rec., 3.
- Com. to boys' inst. rec., 1.
- Com. to girls' inst. rec., 1.
- No treatment, 11.
- Special class rec., 3.

The response by physicians and other hospitals in the city to a clinic which is generally thought to deal with unsolvable problems has been very gratifying. Altogether 114 patients from this source were examined. Female adults contributed the largest number of 31 cases. There were 33 children and 29 adolescents.

From this source a large number were diagnosed as mentally deficient, but the number of psychoses became more evident. Altogether, there were 24 cases of psychoses or psychoneuroses. There were 10 cases of dementia praecox and 3 cases of manic-depressive psychoses.

TABLE VIII—SOCIAL AGENCIES

Male adults.....	20
Female adults.....	58
Male adolescents.....	25
Female adolescents.....	43
Male children.....	48
Female children.....	35
Male infants.....	5
Female infants.....	0
	234

DIAGNOSIS

Dementia praecox:	
a. Simple, 1.	
Paranoia, 7.	
Senile psychoses:	
a. Simple deterioration, 1.	
Psychoneuroses:	
a. Hysterical, 5.	
b. Psychasthenic, 2.	
c. Neurasthenic, 1.	
d. Unclassified, 2.	
Involutional melancholia, 2.	
Manic depressive psychoses, 3.	
Psychoses plus constitutional psycho. infer., 1	
Psychoses with mental deficiency, 2.	
Psychoses with other somatic disorders:	
b. Post-infectious psychoses, 1.	
c. Exhaustion psychoses, 1.	
Psychoses with cerebral syphilis, 1.	
Not insane:	
Mental deficiency, 112.	
Epilepsy, 5.	
Constitutional psycho. infer., 7.	
Normal, 35.	
Retarded, 14.	
Delinquent, 3.	
Laryngitis, 1.	
Deferred, 6.	
Mutism, 2.	
Myatonia congenita, 1.	
Not diagnosed, 12.	
Menopause, 1.	
Speech defect, 1.	
Mental deficiency plus cretinism, 1.	
Mental deficiency plus epilepsy, 1.	
Sex delinquent, 1.	
Hetar disease, 1.	

DISPOSITION

Com. to inst. for F.M. rec., 27.
Com. to mental hospital rec., 11.
Other hospital care rec., 10.
O.P.D. care rec., 21.
Report and advice to S.A., 127.
Deportation rec., 9.
Com. to boys' inst. rec., 3.
Com. to girls' inst. rec., 2.
Special class rec., 7.
Com. to Deaf and Dumb inst. rec., 1.
No treatment, 16.

As is to be expected, the various social agencies of Montreal referred the largest number of patients to the clinic. Altogether, 234 cases out of 701 were sent by these organizations who represent all the different charitable activities of the city. Female adults comprised the largest number of patients, followed by male children and female adolescents. A large number of children are referred to the clinic by the Social Service Departments of the Children's Memorial and Western Hospitals.

At first the various social agencies were very skeptical as to the value of the psychiatric clinic in solving their problems, but now practically all of them insist upon each problem case being examined at the clinic.

TABLE IX—CANADIAN PATRIOTIC FUND

Male adults.....	2
Female adults.....	9
Male adolescents.....	7
Female adolescents.....	3
Male children.....	12
Female children.....	8
	41

DIAGNOSIS

Psychoneuroses:
 a. Hysterical, 4.
 Dementia praecox:
 a. Simple, 1.
 Psychoses with mental deficiency, 1.
 Not insane:
 Mental deficiency, 16.
 Normal, 7.
 Retarded, 6.
 Deferred, 5.
 Sex delinquent, 1.

DISPOSITION

Com. to inst. for F.M. rec., 4.
 Other hospital care rec., 6.
 O.P.D. care rec., 6.
 Report and advice given S.A., 18.
 Com. to boys' inst. rec., 2.
 Special class rec., 1.
 No treatment, 4.

The Canadian Patriotic Fund was organized during the war to look after the families of men who had enlisted. Although the war was concluded in 1918, the work of the Fund has continued. Their work having mainly to do with the families, we find that children form the largest number of cases referred to the clinic. Here also, as in every table, we find that feeble-mindedness is the big problem.

TABLE X—WOMEN'S DIRECTORY OF MONTREAL

Male adults.....	0
Female adults.....	28
Male adolescents.....	0
Female adolescents.....	14
Male children.....	2
Female children.....	0
	44

DIAGNOSIS

Psychoneurosis:
 b. Psychasthenic, 1.
 Not insane:
 Mentally deficient, 25.
 Normal, 5.
 Deferred, 2.
 Retarded, 3.
 Illegitimate maternity, 1.
 Not diagnosed, 4.
 Sex delinquent, 1.
 Constitutional psycho. infer., 1.
 Neuro-syphilis, 1.

DISPOSITION

Com. to inst. for F.M. rec., 2.
 Other hospital care rec., 4.
 Deportation rec., 4.
 Report and advice given S.A., 30.
 No treatment, 4.

The Women's Directory of Montreal looks after the problem of the unmarried mother. Their policy is to refer each case to the psychiatric clinic, but owing to stress of work and insufficient social workers, only 44 had been examined when this report was undertaken. Out of the 44 women, 25, or 56.81 per cent, were mentally deficient.

TABLE XI—GIRLS' COTTAGE INDUSTRIAL SCHOOL

Male adolescents.....	0
Female adolescents.....	17
	17

DIAGNOSIS

Dementia praecox:
 a. Simple, 1.
 Not insane:
 Mentally deficient, 10.
 Normal, 2.
 Delinquent, 2.
 Sex delinquent, 1.
 Retarded, 1.

DISPOSITION

Report and advice given to S.A., 15.
 O.P.D. care rec., 1.
 Deportation rec., 1.

The Girls' Cottage Industrial School is an institution for the care of delinquent girls, supported mainly by private subscriptions. Until recently, no provision was made by the Provincial Government for the care of

Non-Catholic delinquent girls, and when finally a contract was signed with the Girls' Cottage Industrial School for the care of these girls, the Government only agreed to pay the School \$120.00 a year for each girl, an amount totally inadequate to provide for proper treatment. The School has, therefore, been struggling along under great difficulties. The policy of the School has, however, been to have a routine psychiatric examination of each girl. The results of the examination of the 44 girls examined shows the urgent need of an institution for the feeble-minded in the Province of Quebec.

TABLE XII—OTHER CLINICS IN THE ROYAL VICTORIA HOSPITAL

Male adults.....	7
Female adults.....	14
Male adolescents.....	9
Female adolescents.....	6
Male children.....	12
Female children.....	5
Male infants.....	1
Female infants.....	0
	54

DIAGNOSIS

Psychoneuroses:
 b. Psychasthenic, 2.
 c. Neurasthenic, 3.
 d. Unclassified, 1.
 Manic depressive psychoses, 3.
 Alcoholic psychoses:
 Alcoholic deterioration, 1.
 Paranoia, 2.
 Psychoses with cerebral syphilis, 1.
 Psychoses with mental deficiency, 1.
 Psychoses with other somatic disorders:
 c. Exhaustion psychosis, 1.
 Not insane:
 Mental deficiency, 19.
 Epilepsy, 5.
 Constitutional psycho. infer., 3.
 Mental deficiency with epilepsy, 1.
 Normal, 6.
 Retarded, 2.
 Thyroid insufficiency, 1.
 Not diagnosed, 1.
 Trifacial neuralgia, 1.

DISPOSITION

Com. to inst. for F.M. rec., 6.
 Com. to mental hospital rec., 4.
 Other hospital care rec., 6.
 O.P.D. care rec., 25.
 Report and advice given S.A., 10.
 Com. to boys' inst. rec., 1.
 Special class rec., 1.
 No treatment, 1.

Other clinics in the Royal Victoria Hospital have realized to a certain extent the importance of the psychiatric clinic, but it is still hard to persuade the ordinary physician that any good can result from a psychiatric examination. Most physicians have not yet seen the community side of medicine, and it is this phase of medicine which has especially attracted the psychiatrist.

From this source a larger proportion of psychoses are found, and it shows the need of a psychopathic hospital where these cases could be thoroughly studied and treated.

TABLE XIII—OWN OR RELATIVE'S INITIATIVE

Male adults.....	4
Female adults.....	5
Male adolescents.....	3
Female adolescents.....	2
Male children.....	4
Female children.....	5
Male infants.....	1
Female infants.....	0
	24

DIAGNOSIS

Psychoneuroses:
 a. Hysterical, 3.
 Dementia praecox:
 a. Simple, 3.
 Involutional melancholia, 1.
 Paranoia, 1.
 Not insane:
 Mentally deficient, 10.
 Epilepsy, 1.
 Mental deficiency with epilepsy, 1.
 Normal, 1.
 Alcoholism, 1.
 Not diagnosed, 2.

DISPOSITION

Com. to inst. for F.M. rec., 4.
 Com. to mental hospital rec., 2.
 Other hospital care rec., 2.
 O.P.D. care rec., 3.
 Report and advice given to S.A., 7.
 Special class rec., 1.
 Deportation rec., 3.
 No treatment, 2.

Few patients have come to the clinic on their own or their relatives' initiative, owing to the fact that the existence of the clinic at first was not generally known. Lately however, it has been noticed that the number of patients from this source has been increasing. It must be understood, of course, that a number of patients who have been placed in the other tables might possibly have been recorded in this category.

TABLE XIV—DIAGNOSIS

Diagnosis	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Senile psychoses:									
a. Simple deterioration		2							2
Psychoses with cerebral syphilis	1					1			2
Alcoholic psychoses:									
a. Alcoholic deterioration	2								2
Psychoses with other somatic disorders:									
a. Post-infectious psychosis		1							1
b. Toxic psychosis	1								1
c. Exhaustion psychoses		2							2
Manic depressive psychoses	3	6							9
Involuntal melancholia		3							3
Dementia praecox:									
a. Simple	4	3	4	4					15
b. Catatonic	1			1					2
Paranoia	6	5							11
Psychoneuroses:									
a. Hysterical	1	9		2	1	1			14
b. Psychasthenic	2	3	1	1					7
c. Neurasthenic	1	5							6
d. Unclassified	1		1		1				3
Psychoses with constitution psycho. infer.		1							1
Psychoses with mental deficiency	1	4							5
Undiagnosed psychoses		1							1
Not insane:									
Mentally deficient	11	52	84	77	59	34	3	1	321
Epilepsy	3	1	4		7	6	1		22
Normal		10	28	16	37	18	1		110
Retarded		4	22	7	20	4	1		58
Trifacial neuralgia	1								1
Not diagnosed	2	12	1	2	4	3			24
Laryngitis		1							1
Deferred	3	5		6	7	4	1	1	27
Constitutional psycho. infer.	6	5	2	1	1				15
Speech defect				1		1			2
Mutism					1	3			4
Mental deficiency with epilepsy	1		3	1					5
Delinquent			2	3					5
Myatonia congenita							1		1
Thyroid insufficiency		1							1
Chorea					1				1
Illegitimate maternity		1							1
Neurosyphilis		1							1
Menopause		1							1
Sex delinquent		1		3	2				6
Alcoholism		2							2
Mental deficiency with cretinism		1	1						2
Heart disease		1							1
Cerebral hemorrhage		1							1
Cerebral diplegia						1			1
	51	145	153	125	141	76	8	2	701

When the table on diagnosis is studied, we find that the mentally deficient contribute easily the largest proportion, 321 out of 701, or 45.79 per cent. For several years different organizations in the city of Montreal have appealed to the Provincial Government to make some provision for the feeble-minded, but they could never present any definite figures regarding the number of these persons in Quebec. When the clinic was therefore organized, every possible case was sent in order to obtain statistics. As a result of the clinic's work, an institution for the feeble-minded has been promised by the Premier of the Province, but so far there are no signs of it being built.

In connection with the psychoneuroses, female adults contribute the largest proportion. The aftermath of the war, the return of wounded or sick husbands, unemployment following the war, all contribute to the cause of this type of mental disorder. Our clinic also does not differ from other psychiatric clinics in having a large number of Jews in this category.

There is nothing new to be contributed from an out-door clinic on the definite psychoses. It is interesting to note, however, that although the Province of Quebec is practically the only "wet" spot left on this continent north of Mexico, there have been very few cases of alcoholic psychoses.

The number of cases suffering from neuro-syphilis is very small because these patients are treated in the neurological out-door clinic.

The question of delinquency is an interesting problem. A large number of the juvenile delinquents are mentally deficient, it is true, but at least half of them are normal as regards their intelligence quotient. The high grade feeble-minded type of juvenile delinquent is usually very clever in many respects. He is not always the leader of the gang, but he is usually the one who commits the theft or other act which causes the arrest of the gang. The reason for the boy of foreign parentage being sent to the Juvenile Court is often because of lack of parental control. The boy learns the English language before his parents, he adopts the customs of the country more rapidly, with the result that he begins to look down on his parents and feel that they cannot teach him anything new.

The cause of the girl being brought before the Court is usually of a sex nature. With the spread of the dance hall, movies and automobiles, the average girl is not content to stay at home and do domestic work. She must take up a business career or work in a factory so that she can have her evenings free. Many of the girls are mentally deficient, but with a manner and a prettiness which, with their lack of mental control, leads to their delinquency. There is also the girl who thinks it is nobody's busi-

ness but her own if she chooses to adopt an immoral career. One such girl when questioned about her life said it had been a delightful experience.

TABLE XV

Disposition	M. Adult	F. Adult	M. Adol.	F. Adol.	M. Child	F. Child	M. Inf.	F. Inf.	Total
Commitment to institution for feeble-minded recommended.....	2	7	21	10	18	10			68
Commitment to Mental Hospital rec.....	9	16	1	3					29
Other hospital care rec.....	3	7	5	8	12	7			42
Out-patient department care rec.....	14	20	12	6	12	10	1		75
Commitment to deaf and dumb institution rec.....					1				1
Commitment to girls' institution rec.....				13					13
Commitment to boys' institution rec.....			13		16				29
Commitment to boys' home rec.....			3						3
Probation rec.....			59	14	20	3			96
Special class rec.....			7	1	11	4			23
Deportation rec.....	3	10	1	6					20
Report and advice given to social agencies, institutions, etc.....	15	69	30	58	45	36	5	1	259
No treatment.....	5	16	1	6	7	5	2	1	43
	51	145	153	125	141	76	8	2	701

The problem of disposition in connection with our clinic is probably different from most clinics. As has been stated before, the Province of Quebec has no provincial institutions for the insane, feeble-minded, epileptic, juvenile delinquent or psychopathic adult. There are, it is true, three insane asylums and one institution for low grade mental defectives, but all these institutions are privately controlled. The Government simply pays so much a year per public patient committed to them. The amount paid is totally inadequate. In other words the Government of the Province of Quebec has not yet assumed its responsibility towards the care and treatment of those persons who are mentally diseased or feeble-minded.

The recommendations for disposition, therefore, fall largely under the heading "Report and advice given to social agencies, institutions, etc." This advice is not merely a written one, but the social worker attached to the psychiatric clinic keeps in close touch with each agency who receives a report, in order to help them in every way possible.

Twenty patients were recommended for deportation. Most of these were actually returned to their country of origin, but each case entails a large amount of work by the social worker which should really be done by a government official.

CONCLUSION

The psychiatric clinic is filling an actual need in the city of Montreal and province of Quebec, as is evidenced by the continual increase of patients being referred to it and by the opinions expressed by the different social agencies.

The work of the clinic is, however, very handicapped by the fact that there is no institution for the feeble-minded or epileptic and no psychopathic hospital where every patient can receive if necessary, a thorough investigation and treatment.

MENTAL HYGIENE SURVEY OF THE PROVINCE OF SASKATCHEWAN.

CONDUCTED BY THE CANADIAN NATIONAL COMMITTEE FOR MENTAL
HYGIENE—JUNE 1920.

TABLE OF CONTENTS

Section	Page
1—Introductory Statements.....	315
2—Foreword.....	316
3—Primary Schools.....	319
4—The Insane.....	342
5—Home for Mental Defectives.....	349
6—Juvenile Delinquency.....	350
7—Crime.....	357
8—Illegitimacy.....	363
9—Neglected and Dependent Children.....	366
10—Immigration.....	373
11—Recommendations.....	379
12—Recommendations—The Mentally Defective (elaboration).....	388
13—Recommendations—The Insane (elaboration).....	391
14—Recommendations—The Gaols (elaboration).....	396
15—Summary of Recommendations.....	399

I

INTRODUCTORY STATEMENTS

AUTHORIZATION FOR SURVEY

The Honourable W. M. Martin, Premier of Saskatchewan, invited the Canadian National Committee for Mental Hygiene to conduct a study in the province that would be of assistance to the government in framing a suitable policy for the prevention, diagnosis, and treatment of cases of mental abnormality.

SCOPE OF INVESTIGATION

The National Committee directed its attention to such organizations in Saskatchewan as the following—Public Schools, Gaols, Boys' Detention Home, Juvenile Court, Maternity Homes, Children's Aid Shelter, Provincial Hospital for the Insane and the Home for Mental Defectives. These institutions were selected for special study because of the following considerations:

(1) A mental hygiene survey of representative schools furnishes an index of the nature and extent of the problem of mental abnormality with regard to the children of the province (1/5 of the entire population). While the gathering of this information is important, the major interest centres in the consideration of a practicable policy of utilizing the school system for the early diagnosis and training of the mentally handicapped. It is in this connection (the schools) that the State possesses its most hopeful and productive field for mental hygiene activities.

(2) A study of the Gaols, the Boys' Detention Home and the Juvenile Court is of value to determine the relationship that exists between delinquency and mental abnormality. If such an investigation demonstrated, for example, that a considerable proportion of the anti-social class were abnormal and if it were found that suitable provision had not been made to meet the situation, then the Committee would be in a position to advocate desirable reforms.

(3) A mental examination of unmarried mothers in maternity homes contributes to our knowledge of the problem of illegitimacy and gives indications concerning the development of a policy that aims at solution.

(4) Mental abnormality is often a considerable factor in connection with neglected and dependent children. A study of Children's Shelters is therefore useful.

(5) A mental hygiene survey would of course be incomplete without special consideration of such institutions as the Provincial Hospital for the Insane and the Home for Mental Defectives.

RECOMMENDATIONS

It was the desire of the National Committee to sufficiently study the problem of mental abnormality in the province, and the present facilities for its control, to warrant recommendations concerning the further development of an efficient mental hygiene policy. These recommendations would be based on a consideration of local conditions and would be in conformity with accepted ideals in various parts of the world.

II

FOREWORD

CO-OPERATION OF OFFICIALS

A survey of the Province of Saskatchewan began in the early part of *June and was carried on energetically by the Medical Director, the Associate Medical Director, the Assistant Secretary, and the Social Service Nurse, until completed. The Government of the Province kindly made the way easy and placed at the disposal of the investigators the different organizations likely to be of assistance in arriving at proper conclusions regarding the problems to be studied, on every hand there was evidenced a desire to help in the work with the result that no unpleasant delays occurred. As has been recorded in the story of the surveys in other Western Provinces the people on every side showed a deep anxiety to know the truth and a readiness to co-operate, with the idea that if reforms were necessary now was the time to adopt them. This attitude accounts for the rapid progress being made in social matters in the comparatively new provinces of Canada. It is at once apparent that if the older and more developed provinces of the East are to keep pace with the younger sisters in confederation they will have to shake off some of the lethargy which seems to have overtaken them.

* June, 1920.

LARGE RURAL POPULATION

Saskatchewan being a distinctly agricultural country, without large urban centres, presented different problems from those met in Manitoba and British Columbia, and the fact the population contains so many foreign born complicated the study to a marked extent. At the same time any pessimism we may have developed before undertaking the work vanished when we realized that the methods being adopted to control immigration will prevent the evils which were almost inevitable under the old system. After making surveys of three of the Western Provinces we are impressed with the promising future of Canada, and are more and more convinced of the necessity of safeguarding the incoming immigration by the most rigid inspection of those who would become citizens of a nation that possesses all the elements of greatness.

RESOURCES OF WESTERN CANADA

To traverse the endless fertile prairies of Saskatchewan, to view its resources, and to realize the vastness of the wealth of the whole West combined with the well known possibilities of the East, is too bring home the conviction that Canada's place in the world is not only insured, but also tends to develop the hope that it may be unequalled. The West being peopled by those who for the great part are young in body, mind and spirit, it is but natural that they think and act quickly and show a virility that is refreshing. These things impressed us at every turn and developed an optimism that may have been to a certain extent the outcome of an irresistible contagion, but was also well founded on the rock of experience.

DESIRE FOR PROGRESS

In some respects, Saskatchewan has clung to methods which are now ordinarily regarded as obsolete, but, on the whole, the desire to keep abreast of the times and even lead in many things is apparent. The difficulties of administering to the social needs in a Province where the comparatively small population is scattered over an immense area are many, and the surprise is that they have been as well met as has been the case. In view of the fact that the care of defectives had never been attempted in any systematic way in the Province, although an unsatisfactory arrangement with Manitoba existed in regard to delinquent types, special attention was given by the committee to a study of the problem of mental

defect among public school children. In addition a careful survey of prisoners in gaols and boys in the industrial school was made with the purpose of collecting facts which would be of use to the Government when framing a policy for the care and treatment of subnormal adults and children.

NEW CANADIANS

A great many rural schools were visited with the hope of learning something of the character of the foreign born and the new Canadians. In one of the city schools in Regina no less than twenty-six nationalities were represented by the children, but it was a matter of interest to find that it was an exception either in city or country to meet a child who could not speak English fluently. This proves conclusively that the public school is the most important part of the melting pot when new Canadians are in the process of making. Many of the children questioned said that when at home they used the language of their parents, and not only considered it no hardship to discourse in English, but preferred it, as it was the source of all of the knowledge being imparted to them. The next generation will, to a great extent have forgotten the old world traditions, and if sufficient precautions are taken to ensure the admission of immigrants of good physical and mental types the future will take care of itself. Nowhere was this more evident than in the Mennonite Schools, particularly where the children come from the so-called "progressive" stock. Many of such children rated far above the average, and when we had learned their psychology and penetrated their cloak of shyness, it was not difficult to understand that they would make Canadians of the best kind. It was obvious too, that this group did not contain more than the average number of defectives to be found in any good community in Canada, and their physique was notably good.

VIGOROUS EDUCATIONAL POLICY

The government of Saskatchewan has been keenly alive to the important part that education must play in the making of useful and patriotic citizens, and it must be congratulated on the fearlessness it has shown in elaborating a vigorous educational policy. When it is remembered that more than five thousand schools exist in Saskatchewan it is a simple matter to realize the magnitude of the task imposed on a young Province. In the course of our investigations it was frequently necessary to include in our inquiry questions deliberately imposed with the idea of learning how much these young new Canadians understood of the constitution of

the country of their parents' adoption. They were just as well informed on this point as the children of the older Provinces. Rarely indeed did they fail, for example, to differentiate between the methods of selecting a King and electing a President. In Ontario just as many pupils would "fall down" on this question as would be the case in a school in a progressive Mennonite centre in Saskatchewan. Children belonging to the old Colony Mennonites proved much inferior in intelligence and evidently have not profited by their association with the other groups. They illustrate the fact that compulsory education is after all the chief factor in bringing about the assimilation of the numerous foreign elements to be found in Saskatchewan, and make it also clear that they are not of as good mental calibre as the progressive types.

IMMIGRATION

The question of the mental efficiency of different groups of immigrants can be worked out most satisfactorily in Saskatchewan and the results of our investigations along these lines are full of interest. It makes very clear what we have always contended, that it is best to make haste slowly when admitting immigrants to Canada.

III

PRIMARY SCHOOLS—SASKATCHEWAN

FOREWORD

No more interesting or stimulating study has ever been conducted by the Canadian National Committee than the survey of twenty-two representative Saskatchewan schools. At the outset it was hoped that the investigation would furnish data concerning the proportion of the school population belonging to the mentally handicapped group in need of specialized training, the nationalities of those comprising this class, the facilities being utilized to deal with the problem, and needed requirements for the betterment of the system. Although the gathering of such information was the primary reason for the study, the investigation led to a broader consideration of the whole educational system, and facts were elicited that created a profound respect for what we deem one of the most astonishing enterprises in the Dominion of Canada.

It was discovered that the school authorities of the province were confronted with an educational problem of vast proportions and of a most complex nature. They were called upon to furnish educational advantages for no less than 147,232 children in 1918, and many more at the present time—children belonging mostly to the new Canadian, or immigrant class, and many living in homes where the English language was not spoken. To add to those difficulties the annual increase in the school population has been great, and seventy per cent of the children were resident in rural districts.

The story of how this situation has been met throws an interesting sidelight upon the enterprise, energy, and resourcefulness of the people of Saskatchewan. It was discovered that the school building programme had for the most part kept pace with ever-growing needs, that teachers, well trained and better salaried than in many parts of Canada, had been secured to man the staff, and that, taken as a whole, the system compared favourably with others in the Dominion that had been developed over a much longer period.

A study of individual schools demonstrated the important part they were playing in the Canadianization of the foreigner. Wetmore School in Regina is a striking example. It has an attendance of 800. The Canadian born account for but 20% of the total, while the remainder are recruited from 26 nationalities. The school plant cost approximately \$250,000, and is one of the finest buildings of its kind in Canada. In addition to the regular school equipment there is an auditorium seating 900 people, with a commodious stage. This theatre or lecture hall is utilized as a community centre where the children and adults of the neighbourhood meet from time to time for instruction and entertainment. Another notable feature was a shower bath installation that insured a bath for each pupil once a week.

The large amount of money expended on Wetmore School was an investment producing splendid dividends. In fact, the school was a melting-pot wherein children from all parts of the earth were being Canadianized with surprising rapidity. A visitor realized that the pupils were absorbing Canadian ideals, and there was no question about their growing loyalty to the British flag. At the time of the survey a sword was presented to the school by the Lieutenant-Governor because of excellence in cadet drill, and the demonstrations of patriotic fervour were spontaneous and enthusiastic.

Wetmore School is by no means unique in Saskatchewan. It but typifies a system that is solving many vexed problems of immigration.

IMPORTANCE OF MENTAL HYGIENE SURVEY OF SCHOOLS

The Public School system offers an opportunity for the early diagnosis of mental abnormality and for the incorporation of a system of early training and treatment. It is a well recognized fact that the higher grade feeble-minded child can be so trained in many cases as to insure a fair degree of social usefulness. This training can be given in public schools if facilities exist. When, on the other hand, the mentally deficient child is allowed to pass through the system with the mental condition undiagnosed and suitable training not provided, social disaster often ensues. A mental examination of the inmates of jails and reformatories reveals only too clearly the results of feeble-mindedness plus the lack of specialized early training.

Although the task is more difficult, nevertheless it is important to diagnose possible beginning cases of mental disease (insanity) in the schools. A considerable proportion of the present inmates of our mental hospitals demonstrated signs of early mental breakdown when they were in school attendance. If their condition had been appreciated during school life, precautions could have been taken in many cases, that would have prevented mental collapse. With modern psychiatric (mental hygiene) methods of examination we can discover children who demonstrate unhealthy mental trends and who may be travelling a road that leads to mental disease, if precautions are not taken.

From the foregoing it will be seen that mental hygiene activities in schools are of great importance. The time is almost at hand when mental inspection and early treatment will be considered as necessary as medical inspection from the physical standpoint. Indeed, prevention in the realm of mental abnormality has far greater scope in Public Schools than elsewhere.

It is hoped that the facts elicited in the present survey will receive careful consideration and will stimulate the school authorities to adopt a progressive mental hygiene programme. Such a step would save the Province much in the way of future expenditure in connection with mental hospitals, reformatories, and penal institutions, and would prevent a great deal of human suffering.

FINDINGS IN SCHOOLS

A. MENTAL DEFECTIVES

A study of 3182 children attending 6 representative schools in Regina, Saskatoon, and Moose Jaw, resulted in the detection of 61 mental defec-

tives. This constitutes a percentage of 1.91. In addition 458 children attending 16 rural and county schools led to the discovery of 22 mental defectives—a percentage of 4.80.

The percentage attributed to city schools might be taken as a fair index of the percentage that would obtain for all the schools of the Province, because it harmonizes with findings in other parts of Canada and the United States. A percentage of 4.80 while true for the 16 rural schools investigated, is undoubtedly too high for the whole system. A perusal of the individual rural school findings makes this point clear. It was discovered, for example, that in 8 schools not one defective was in attendance; in 3, 1 defective; in 2, 2 defectives; in 1, 4 defectives; in 1, 5 defectives, and in 1, 6 defectives. In other words, all the mental defectives were found in half the schools. These results, while interesting, show the necessity of a survey of several thousand rural school children to make possible any generalizations. An explanation might be given, however, for the unequal distribution of mental abnormality. The presence of an inferior family in a district often contributes several defectives to one school. When, on the other hand, the families of a section are of sound stock, the children may be expected to be of a good physical and mental type.

If 1.91 percent. be accepted as a fair average of mental deficiency for the schools of Saskatchewan, it follows that there must be 2,777 feeble-minded of school age in the Province. (The total school population of Saskatchewan in 1918 was 147,232.

B. PSYCHOPATHS

No attempt was made to discover all the psychopathic children (children with unhealthy mental trends) in the school survey. In the quest, however, for mental defectives, 13 psychopaths were found—all in need of psychiatric supervision and guidance. An illustrative case from Wetmore School indicates the nature of the problem presented by these peculiar children,—Boy, age 9, Roumanian, who could be described as follows,—restless, impulsive, unstable, stubborn, idle, untruthful, pugnacious, and apparently incorrigible.

C. DULL NORMALS

133 children were found who could be grouped as dull normals. These children were not sufficiently bright to cope with the curriculum in

the regular classes, and on the other hand were not dull enough to be classed as mental defectives, and from the standpoint of *Intelligence Quotients they ranged between 75 and 90.

Dull normal children present a distinct problem in every primary school. They constitute approximately 10% of the school population and contribute largely to the repeater class. In larger schools it seems prudent to teach dull normals in separate classes, where the rate of progress is suitable to the children concerned. At the present time they are not always recognized, and the conscientious teacher wears herself out in a vain endeavour to keep them abreast with the other scholars.

D. NATIONALITIES

The nationalities of mentally deficient children recommended for industrial class or institutional care are as follows:—

Nationality	%
†Canadian.....	35
English.....	15
German.....	7
Serbian.....	6
Scotland.....	4
Roumanian.....	4
Austrian.....	4
Russian.....	4
Polish.....	2
American.....	1
Scandinavian.....	1
Turkish.....	1
Dutch.....	1
Unknown.....	15

E. MENTAL HYGIENE ACTIVITIES IN SASKATCHEWAN SCHOOLS

To date there has been little organized activity in the schools of Saskatchewan for the purpose of dealing with mental abnormals. Credit must be given, however, to the work accomplished by the Special Class in Regina, and to the collection of data by the Provincial Department of Education and the Provincial Department of Public Health.

The Special Class in Regina was organized primarily to deal with retarded children who might be returned to regular classes. It was found, however, that the children belonged for the most part to the mentally deficient group and were unsuitable for promotion. Miss Kerr, the teacher, has done excellent work under the circumstances. To insure

* In determining the intelligence quotient for an individual the mental age is taken as the numerator, the chronological age as the denominator, and the result multiplied by 100, e.g., a child with a mental age of 5 and a chronological age of 10 would have an intelligence quotient of 5×100 equals 50.

† The Canadian-born population of Saskatchewan as a whole is estimated at 54.5%

further progress in Regina the children requiring special instruction should be selected on a somewhat different basis than has been the case in the past, and there is need for the establishment of several additional classes.

The nurses attached to the Provincial Department of Education have collected considerable information concerning the prevalence of mental deficiency in schools, and Dr. Dymond, of the Department of Health, has done much along the same line. The work has been hampered, however, because of the absence of skilled psychiatric and psychological assistance.

WETMORE SCHOOL, REGINA.

Principal: Mr. N. Detweiler.
Attendance: 800.

HOME CONDITIONS, ETC.

Ninety per cent of the children are from the homes of labouring classes. These homes are for the most part rather unsanitary and lacking in comfort. It was pointed out that the diet of the children was not well balanced—too much bread and jam and lack of other essentials.

NATIONALITY OF CHILDREN

Twenty-six nationalities are represented in the school. The percentages are roughly as follows,—

Canadians.....	20%
English.....	} 20%
Irish.....	
Scotch.....	
Austrian.....	18%
Roumanian.....	15%
German.....	12%
Serbian.....	10%
Poles.....	} 5%
Bulgarian.....	
Swede.....	
Dutch.....	
Italian.....	
Norwegian.....	
Dane, etc.....	

SCHOOL BUILDING AND EQUIPMENT, ETC.

The school cost approximately \$250,000, and is one of the finest public school buildings in Canada. The twenty-one rooms are well lighted and excellently ventilated with the aid of a satisfactory mechanical device. An auditorium seating 900 people with a commodious stage is utilized as a community centre where children and adults of the neighbourhood meet from time to time for instruction and recreation. A notable feature of the equipment consists of shower bath arrangements by means of which each pupil secures a bath once a week.

MENTAL EXAMINATION

74 children were referred for mental examination with the following findings

Feebleminded.....	25
Psychopathic.....	1
Neurotic and backward.....	1
Borderline.....	19
Backward.....	13
Apparently normal.....	15

By grouping the feebleminded, psychopathic and neurotic into a mentally abnormal group there were in all 27 cases. This does not include the 19 borderline children who upon further examination, might prove to be definitely abnormal. The percentage of mental abnormality in this school of 800 children is 3.37.

RECOMMENDATIONS

Of the 74 children examined it was considered that 39 were quite unsuitable for regular class room instruction. 36 could with benefit be placed in special industrial classes. One needed institutional care in a training school for the mentally defective and 2 needed attention in an institution or special class for the blind.

There was a sufficient number of mental defectives in Wetmore School alone to warrant the establishment of two special industrial classes.

A more detailed report of the mentally abnormal children in this school follows.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	7	Roum....	1	71	Mental Defective	Industrial class	Dull, weak willed, seclusive, shy, cyanosis of hands.
2	8	Can.....	1	75	Mental Defective	Institutional care	Blind left eye, dwarf, deformed ears, high arched palate, dull, weak willed, restless. Environment very bad. Parents alcoholic. Mother mentally defective.
3	10	Can.....	1	70	Mental Defective	Industrial class	Dull, apathetic, inattentive. Sister mental defective. Home conditions very bad. Parents alcoholic. Children neglected, under care of C.A.S.
4	8	Can.....	1	74	Mental Defective	Industrial class	Malnutrition, dull, apathetic, inattentive. Brother's history No.3.
5	9	Germ....	2	75	Mental Defective	Industrial class	Dull, lazy, pugnacious, shy, worried, high arched palate, cranial peculiarities.
6	10	Aust.....	3	72	Mental Defective	Special class for blind	Very short sighted. Strabismus, dull, apathetic, inattentive. Home dirty. Other members of family mental defectives.
7	9	French-Can.	1	75	Mental Defective	Industrial class	Dull, apathetic, restless inattentive. Parents alcoholic. Mother in jail for immorality. Children taken by C.A.S. Sister and mother mentally defective.

Case	Age	Nation- ality	Grade	I.Q.	Diagnosis	Recom- mendation	Notes
8	6	Serbian...	Kind.	66	Mental Defective	Industrial class	Malnutrition. High arch- ed palate, dull, stolid.
9	8	Roum....	Kind.	75	Mental Defective	Industrial class	Undersized, poorly nour- ished, high arched palate, dull, stolid.
10	6	Germ.. . .	Kind.	66	Mental Defective	Industrial class	Dull, shy, poorly nour- ished, defective nasal breathing, stolid.
11	12	Serb.....	3	77	Mental Defective	Industrial class	Dull, slow mental action.
12	13	Can.....	2	62	Mental Defective	Industrial class	Manneristic, very slow at s c h o o l, pronounced shyness.
13	10	.....	2	65	Mental Defective	Industrial class	Restless, slow at school. Depressing home con- ditions. Parents below par.
14	11	Serb.....	2	75	Mental Defective	Industrial class	Weak willed, plays with younger children, dull facial expression. Has always been slow.
15	12	Russ.....	3	75	Mental Defective	Industrial class	Class disturber, restless, talkative, stubborn, bad temper, pugna- cious, abnormal ears, stupid facial expres- sion.
16	13	Aust.....	3	65	Mental Defective	Industrial class	Class disturber, dull, easily led, abnormal ears, high arched pa- late. Depressing home conditions.
17	12	Russ.....	4	75	Borderline	Industrial class	Poor environment. Bro- ther feeble-minded. Child docile at home.

Case	Age	Nation- ality	Grade	I.Q.	Diagnosis	Recom- mendation	Notes
18	13	Serb.....	4	61	Borderline	Industrial class	Poor environment. Father shiftless, and alcoholic. Child backward in walking and talking. Stubborn, dull.
19	10	Germ....	2	80	Borderline	Industrial class	Home dirty. Mother probably defective mentally. Child disobedient, untruthful; restless, unstable, dull.
20	13	Eng.....	4	76	Borderline	Industrial class	Stubborn, incorrigible. Poor physical type.
21	7	Can.	1	75	Borderline	Industrial class	Restless, slow.
22	8	Can.....	1	79	Borderline	Industrial class	Poor physical type, malnutrition, abnormal ears, speech defect.
23	9	Russ.....	3	77	Borderline	Industrial class	Stubborn, lazy, pugnacious, restless. Home conditions very bad. Parents very dull.
24	8	Roum....	1	81	Borderline	Industrial class	Easily led, shy, requires medical care.
25	9	Can.....	1	93	Borderline	Industrial class	Speech defect.
26	11	Germ....	3	81	Borderline	Industrial class	Environment poor. Child dull, lazy, restless, defective nasal breathing.
27	10	Aust.....	3	80	Borderline	Industrial class	Poor physical type, anaemic, restless, weak-willed, seclusive. Parents dead. Child very disobedient and incorrigible at home.
28	9	Roum....	3	100	Psychopathic	Industrial class	Impulsive, stubborn, idle. Untruthful, pugnacious, restless, incorrigible, unstable.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
29	8	Turk.....	1	75	Mental Defective	Industrial class	Slow, inattentive.
30	9	Serb.....	1	63	Mental Defective	Industrial class	Weak-willed, dull. Environment poor. Mother defective.
31	8	Germ.....	1	75	Mental Defective	Industrial class	Dull, apathetic, high arched palate. Was backward in walking and talking.
32	10	Can.....	1	70	Mental Defective	Industrial class	Infantile speech, lips, slow. Has always been very backward.
33	7	Can.....	1	71	Mental Defective	Industrial class	Backward in learning to talk. Slow in all work. Difficult to rouse interest.
34	11	Germ.....	3	71	Mental Defective. Neurotic	Industrial class	Speech defect. Restless. Environment poor. Father careless. Older brother juvenile delinquent.
35	10	Russ.....	2	70	Mental Defective	Industrial class	Abnormal ears, weak-willed, shy, plays with younger children, pugnacious, restless. Poor home. Father deserted family.
36	13	Germ.....	2	70	Mental Defective	Industrial class	Impulsive, lazy, plays with small children, quarrelsome.
37	6	Eng.....	Kind.	82	Borderline	Industrial class	Has been 3 years in kindergarten, and does not seem to have learned anything.
38	13	Aust.....	3	64	Mental Defective	Industrial class	Sister mental defective. Poor home. Child very slow. Not making any progress.
39	11	Serb.....	3	81	Borderline	Special class for blind.	Requires special care.

DEFECTIVES IN RURAL SCHOOLS—SASKATCHEWAN

SCHOOL—VICTORIA PLAINS

Case	Age	Grade	Nation- ality	I.Q.	Diagnosis	Notes
I....	9	II	Can.....	69	M.D. & Psychop.	Nervous, dull, shy, mental action very slow, comprehen- sion poor. M.A. 6.
II....	10	IV	Can.....	79	Low normal	Dull and apathetic, undersized.
III...	13	IV	Eng.....	69	M.D.	Mental age 9. Pale, anaemic, undersized, judgment and comprehension poor.
IV...	12	VI	Can.....	75	M.D.....	Stupid, manneristic.

SCHOOL—GRAND COULEE (538) AND 604)

V....	11	I	Can.....	M.D.	
VI...	13	.....	Can.....	75	M.D.
VII..	8	.....	Can.....	M.D.	

SCHOOL—BROWN HILL

Case	Age	Grade	Nation- ality	I.Q.	Diagnosis	Notes
VIII.	12	IV	Can.....	75	M.D.	M.A. 8.

SCHOOL—WARMAN PUBLIC SCHOOL

IX...	12	IV	Can.....	75	M.D.	M.A. 9.
X....	12	IV	Can.....	70	M.D.	M.A. 8.
XI...	10	.....	Can.....	75	M.D.	Slow and careless.
XII..	8	I	Can.....	75	M.D.	
XIII.	10	III	Can.....	72	M.D.	Slow, inaccurate.
XIV..	12	I	U.S.....	66	M.D.	

SCHOOL—DALMENY

XV...	14	VI	Can.....	75	M.D.
XVI..	12	.....	Can.....	75	M.D.
XVII.	12½	III	Can.....	59	M.D.
XVIII	11½	.....	Eng.....	71	M.D.
XIX..	8	.....	Can.....	75	M.D.

SCHOOL—AURORA

XX..	7				M.D.
XXI..	9	I			M.D.

SCHOOL—ROSE PLAINE SCHOOL

XXII	11	Sr. II	Can.....	75	M.D.
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KING GEORGE SCHOOL—MOOSE JAW

Principal: Mr. Downey.

Attendance: 720.

Home Conditions: For the most part excellent. Parents better class tradespeople.

Nationality: Mainly Canadian.

Building: The school was erected in 1912, and is an excellent structure.

Mental examination—73 children were referred for psychiatric examination with the following results,—

Feebleminded.....	8
Borderline.....	13
Neurotic.....	2
Dull normal.....	18
Backward (through lack of opportunity or physical condition)...	12
Superior intelligence.....	4
Apparently normal.....	16

The feebleminded and definitely neurotic total 10 or 1.38% of 720 school children.

A study of the children demonstrated the fact that 17 were in need of industrial class training. Eight children, because of physical handicaps, needed medical or surgical treatment and one imbecile required institutional care.

Four children of superior intelligence call for comment. One boy, aged 11, had an I. Q. of 163, and another boy age 9 possessed an I. Q. of 155. The former was endowed not only with splendid mental equipment but had in addition a strong sturdy physique. Children of this class are deserving of the closet attention, and if general health warrants they should be given an opportunity to receive the advantages of higher education.

A detailed account of those children who needed special attention follows.

KING GEORGE SCHOOL—MOOSE JAW

Case	Age	Nation- ality	Grade	I.Q.	Diagnosis	Recom- mendation	Notes
1	15	Can.....	V	66	Mental Defective	Industrial class	Mental age 10.
2	10	Eng.....	III	85	Borderline	Industrial class	
3	8	.....	III	87	Borderline	Industrial class	Hard to manage.
4	9	Eng.....	I	83	Borderline	Industrial class	Malnutrition. Home con- ditions not good. Pa- rents shiftless and care- less.
5	8	Can.....	II	.....	Borderline	Industrial class	Dull, slow, speech defect, defective vision, mouth breather, nervous. Mental age 6.
6	13	Eng.....	V	80	Mental Defective	Industrial class	Dull, restless, speech de- fect. Mental age 10½. Easily led. Mother very nervous.
7	12	Scand....	V	83	Borderline	Industrial class	Slow.
8	10	.....	II	73	Borderline	Industrial class	Abnormal ears, slow, in- attentive, stolid, care- less. Mental age 7.4.
9	13	Eng.....	6	77	Borderline	Industrial class	Dull, slow, backward in developmental history. Mental age 10½. Home conditions not very good.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
10	14	Can.....	6	71	Mental Defective	Industrial class	Slow, restless, defective nasal breathing. Mental age 10. Not dependable, troublesome.
11	10	Scot.....	4	.....	Mental Defective	Industrial class	Lethargic, lack of application, slow, dull. Mental age 8.2. Backward and careless in school.
12	10	Eng.....	II	80	Borderline	Industrial class	Mental age 8. Speech defect, slow. Home conditions bad.
13	11	Can.....	4	.....	Mental Defective	Industrial class	Mental age 7½. Very dull. Teacher reports her as backward and obstinate.
14	9½	.....	3	78	Borderline	Industrial class	Mental age 7½. Apathetic. Malnutrition, speech defect, dull, hard to control in school.
15	10	.....	3	.....	Mental Defective	Industrial class	Mental age 7 plus. Dull, obstinate.
16	10	.....	1	65	Borderline	Industrial class. Physical Attention	Mental age 6½. Defective hearing, defective breathing, malnutrition, apathetic, slow. Poor physical type. Mother neurotic.
17	11	.....	3	72	Mental Defective	Industrial class	Mental age 8. Dull, abnormal.

KING GEORGE SCHOOL SASKATOON.

Principal: Mr. R. A. Downey.

This 13 room school is situated in a community where artisans predominate. The building was erected in 1913. It is well lighted, clean, airy and attractive.

School population: 421.

Results of the psychiatric examination of 63 selected children:

Mentally defective.....	9
Psychopathic.....	6
Borderline.....	4
Dull normal.....	15
Normal.....	27
Deferred.....	1
Supernormal.....	1
Percentage of mental defectives...	2.1%
Number requiring industrial class care.....	12
Number requiring institutional care	1

A detailed report of those requiring special attention follows.

KING GEORGE SCHOOL

Case	Age	Nation- ality	Grade	I.Q.	Diagnosis	Recom- mendation	Notes
1	8	Scot.	I	75	Mental Defective	Industrial class	Cannot read or write, careless, lacks ambi- tion, dull, apathetic.
2	9	Can.	I	72	Mental Defective	Industrial class	
3	12	Eng.	II	67	Mental Defective	Industrial class	Slow, inattentive, stolid.
4	9	Eng.	I	66	Mental Defective	Industrial class	Inattentive, poor pro- gress.
5	7	Eng.	I	75	Mental Defective	Industrial class	
6	13	Eng.	IV	73	Mental Defective	Industrial class	Impulsive, restless, lazy. Shows marked ability along industrial lines.
7	13	Can.	IV	85	Dull Normal	Industrial class	
8	14	Can.	IV	85	Dull Normal	Industrial class	Deaf, impulsive, lazy, restless.
9	13	Can.	IV	80	Psycho- pathic	Industrial class	
10	11	Can.	II	76	Borderline	Industrial class	Inattentive.
11	11	Can.	II	78	Dull Normal	Industrial class	
12	13	Scot.	III	85	Dull Normal	Industrial class	Dull, shy, poor progress.
13	14	.....	II	46	Mental Defective	Institution- al care	Should be excluded from school.
14	14	Scot.	V	78	Psycho- pathic	Psych. supervision	Dermagraphia, neurotic.
15	12	Can.	III	85	Psycho- pathic	Psych. supervision	Full of imagination, un- stable, impulsive, abu- sive.
16	14	Can.	VI	90	Psycho- pathic	Psych. supervision	Weak-willed, stubborn, restless.

ALBERTA SCHOOL—REGINA.

Principal: Mr. O. L. Latam.

School population: 550.

HOME CONDITIONS, ETC.

The children are recruited from the home of better class mechanics, office workers, clerks, small shop keepers, etc.

SCHOOL BUILDING, ETC.

The building was erected in 1907 and has had recent additions. There are 16 rooms and provision is made for children from kindergarten to grade VIII.

A psychiatric examination revealed 15 who were in need of industrial class care, and 1 who should be placed in an institution. A detailed account follows.

ALBERT SCHOOL

Case	Age	Nation- ality	Grade	I.Q.	Diagnosis	Recom- mendation	Notes
1	6	.....	I	66	Mental Defective	Institution	Restless, inattentive, lazy, dull, apathetic.
2	11	Can.....	4	73	Mental Defective	Industrial class	Mirror writer; poor pro- gress.
3	.....	.....	1	80	Psycho- pathic	Industrial class	Very nervous type.
4	10	Eng.....	2	70	Mental Defective	Industrial class	Weak-willed, lazy, rest- less, stolid.
5	10	Can.....	2	84	Dull Normal	Industrial class	Making poor progress.
6	12	Eng.....	4	82	Dull Normal	Industrial class	
7	11	.....	.....	82	Psycho- pathic	Industrial class	Restless, pronounced shyness, neurotic.
8	10	Can.....	11	80	Dull Normal	Industrial class	Careless, inattentive, restless.
9	13	Eng.....	V	74	Mental Defective	Industrial class	Dull, impulsive, weak- willed, lazy, restless.
10	13	.....	III	72	Mental Defective	Industrial class	Inattentive, poor pro- gress, weak-willed.
11	13	Eng.....	V	70	Mental Defective	Industrial class	
12	8	U.S.A....	I	68	Mental Defective	Industrial class	Very slow, weak-willed.
13	11	Can.....	4	63	Dull Normal	Industrial class	Deaf, poor physique, restless.
14	5	.....	Kind.	.....	.....	Industrial class	Stubborn, no idea of form; lacks interest in kindergarten work.
15	.....	.....	I	85	Dull Normal	Industrial class	Poor physical type. Back- ward in walking and talking. Restless.
16	.....	.....	I	78	Mental Defective	Industrial class	Very slow; good idea of form.

BUENA VISTA SCHOOL—SASKATOON.

Principal: Mr. Holliston.

Attendance: 400.

Home conditions: For the most part very good.

Nationality: Largely Canadian.

School building: The building is of excellent design and splendidly equipped.

It is typical of many of the fine public school structures seen in Saskatoon.

MENTAL EXAMINATION:

38 children were picked out for special mental examination, with the following results,—

Mentally deficient.....	3
Borderline.....	8
Dull normal.....	7
Backward through lack of opportunity or physical condition..	7
Apparently normal.....	13

It was considered that 10 children were better suited to industrial class training than ordinary class instruction .75%.

SCHOOL—BUENA VISTA, SASKATOON, SASK.

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	8½	Eng.....	I	84	Borderline	Industrial class	Poor family history. Speech defect. Slow; making very poor progress.
2	14	Dutch....	IV	78	Mental Defective	Industrial class	Poor concentration. Dull, apathetic, weak-willed.
3	8½	Can.....	I	60	Mental Defective	Industrial class	Manneristic, abnormal ears; high arched palate; stubborn; slow; shy.
4	9	Can.....	II	77	Borderline	Industrial class	Making very poor progress.
5	8	Can.. . . .	I	78	Borderline	Industrial class	
6	8	Can.....	I	75	Mental Defective	Industrial class	
7	13	Can.....	IV	76	Borderline	Industrial class	Dull and slow. Stubborn, restless, inattentive. Juvenile delinquent.
8	10	Can.....	II	70	Borderline	Industrial class	Very slow, untruthful, stubborn.
9	8	Can.....	II	81	Borderline	Industrial class	
10	9	Can.....	I	86	Borderline	Industrial class	Family all slow. Under-sized. Plays with small children. Depressing home.

ST. MARY'S ROMAN CATHOLIC SCHOOL— REGINA

Principal: Mr. McLennan.

Attendance: 271.

Nationality: Majority foreigners.

HOME CONDITIONS

The children who attend this school come from homes of the laboring class.

MENTAL EXAMINATION

Fifteen pupils were referred for examination, of whom seven were abnormal mentally. (2.58% of the total school population.)

A detailed report of the children requiring special care follows:

Case	Age	Nationality	Grade	I.Q.	Diagnosis	Recommendation	Notes
1	11	Can.	II	66	Mental Defective	Industrial class	Slow, careless. Has been at school 5 years, only reached Jr. II.
2	8	Can.	I	80	Dull Normal	Industrial class	Dull, apathetic, mental action slow.
3	14	Can.	IV	65	Mental Defective	Industrial class	Stolid, dull, comprehension poor.
4	10	Can.	I	35	Mental Defective	Institution	Low grade defective; very slow.
5	13	Can.	IV	70	Mental Defective	Industrial class	Slow, careless.
6	13	Can.	VI	77	Psychopath.	Industrial class	Manneristic, dull, apathetic, slow mental action.
7	12	Can.	IV	76	Mental Defective	Industrial class	

DEFECTIVES IN RURAL SCHOOLS

Sixteen schools were studied with a population of 458 children. Twenty-two mental defectives were discovered—a percentage of 4.80.

The following notes are submitted in connection with individual schools:

1. NORTH REGINA SCHOOL

Principal: Miss Robertson.
School Population: 9.
Grades: I, II, III, IV and VI.

The building contains but one room. It is unattractive and too small for nine children. The pupils were of a high type without evidence of abnormality.

2. BRIAR CLIFF SCHOOL

Principal: Miss Kuiney.
School population: 15.
Grades: I to Senior IV, VII, VIII.

This is an excellent school that is well-managed. The children are of splendid type mentally and physically, and no defectives were found.

3. VICTORIA PLAINS SCHOOL (REGINA COUNTY)

Principal: Miss Corcoran.
School population: 31.
Grades: I, II, III, VI, VIII.

The majority of the children were of foreign parentage. Four were discovered to be definitely subnormal mentally.

4. AURORA SCHOOL—NUMBER 1050

Principal: Mr. J. O. Jenkinson.

This is an interesting school because it represents a type of construction recommended for adoption in many parts of Saskatchewan. It is well-heated and provided with modern sanitary devices. There is one school-room—30 by 20 feet. The building cost approximately \$5,000.

21 children were in school attendance, and appeared to be of robust type physically and mentally. It was learned, however, that a family of defectives resided in proximity to the school. A visit was made, and distressing conditions were encountered. A mother and four children were seen. They presented every appearance of neglect. The eldest boy, age 11, had a mental age of 4. The other children were distinctly subnormal.

5. BROWN HILL SCHOOL—(SASKATOON DISTRICT)

Teacher: Miss Evans.
School population: 19.
Grades: I to VI.

One defective was discovered.

6. PENNER SCHOOL—(MENNONITE SETTLEMENT)

Teacher: Miss Ruby Smith.
School population: 21.
Grades: I to VII.

No defectives discovered.

7. DALMENY SCHOOL—(MENNONITE SETTLEMENT)

Principal: D. T. Thierson, Esq.
Assistant: Miss Jantz.
Average school attendance: 60.
Grades: I to VIII

Five mental defectives were found.

8. WILLOW LAKE SCHOOL—(MENNONITE GERMAN COLONY)

Teacher: Jacob B. Schultz.
Average school attendance: 34.
Grades: I to VII.

No mental defectives found.

9. WARMAN PUBLIC SCHOOL—(MENNONITE SETTLEMENT)

Principal: H. R. Hare, Esq.
Assistant: Miss Newth.
Average school attendance: 60.
Grades: I to 2nd year High School.

Number of defectives found—6.

GENERAL NOTES ON MENNONITE SCHOOLS

On June 16th a most interesting survey was made of schools in the so-called Mennonite District about Warman and Dalmeny, and many facts of importance gathered. The majority of the children examined belonged to the progressive branch of Mennonites and all spoke excellent English without a trace of foreign accent. In every instance the pupils said that they used German when at home. It is apparent that the descendants of these children will be new Canadians who are English speaking, and valuable citizens, as for the great part they are of desirable type both physically and mentally. Flaxen haired, blue eyed, and attractive in appearance they made a most favourable impression on the examiners.

It was a little difficult at first to overcome their shyness, but when we began to understand their psychology our troubles vanished and we realized that we were dealing with a most interesting group.

Mr. J. E. Coombes, school inspector, made the way easy and we are deeply indebted to him for the assistance given in making a survey that would have taken much longer to accomplish without his help. As was the case in every rural school visited the teachers were enthusiastic and proud of the work they are doing. The contentment of both children and teachers is remarkable and a tribute to the educational system. The method of examination followed was that usually employed by us, a modified Binet-Simon (Terman) plan, although in some of the larger schools a series of group tests were used in addition.

10. GRAND COULEE—(NUMBER 538) REGINA DISTRICT

Teacher: Miss Tufts.
Average school attendance: 35.
Grades: I to VII.

Two defectives found.

11. GRAND COULEE—(No. 604) REGINA DISTRICT

Teacher: Miss Buller.
Average attendance: 30.
Grades: I to VIII.

One defective found.

12. DUNDONALD SCHOOL—(REGINA DISTRICT)

Teacher: Miss Van Alstine.
Attendance: 23.
Grades: I to VIII.

Particularly find children without any defectives.

13. DEWDNEY SCHOOL—(REGINA DISTRICT)

Teacher: Miss Cochrane.
Average attendance: 11.

American settlement. Children of fine type physically and mentally.
No defectives. One splendid type was found with an I. Q. of 128

14 ROSE PLAINE SCHOOL—(REGINA DISTRICT)

Teacher: Miss Suggett.

Attendance: 16.

Grades: I to V., VII and elementary high school.

1 mental defective was found

15 BOGGY CREEK—(REGINA DISTRICT)

Teacher: Miss Simpson.

Attendance: 25.

English district with no defectives

IV

THE INSANE

The Province has shown a deep interest in the affairs of the insane and has been almost lavish in its expenditure to provide accommodation for patients requiring custodial care. Dr. MacNeill and his assistant, Dr. Campbell, at the Battleford Hospital for the Insane, are capable and enthusiastic administrators and have gathered about them a staff willing and anxious to do the most advanced work. During the war they were of course greatly hampered, but in spite of that carried on most courageously. The Canadian National Committee for Mental Hygiene, in conjunction with the Military Authorities represented by Major C. B. Farrar, visited this institution with the view of making an inspection and surveying the conditions surrounding the military patients. The visit took place in December, 1918, and it is of interest to compare some of the notes made at that time with the present inspection.

December 21st, 1918.

"This morning we visited the Battleford Hospital for the Insane, an institution charmingly situated on the high ground overlooking the Saskatchewan river, on a site between the towns of North and South Battleford. It is a large institution well constructed, but so overcrowded that the officials cannot be expected to produce the best results. Overcrowding is noticed everywhere, and as this the only hospital for the insane in the Province, there is no immediate prospect of relief from the present situation. The Superintendent, Dr. MacNeill, was ill with Diphtheria, but we received every possible attention from his assistant, Dr. Campbell.

Ordinarily a staff of three physicians is employed, but owing to war conditions only two are at present on duty.

The population is made up largely of foreign born, indeed the Canadian admissions this year amount to only 29.50% of the total, and this proportion is about the average since the hospital was opened.

The medical staff at the Battleford Hospital shows a keen interest in the scientific study and care of their patients and the absence of excitement in the wards was to be explained largely by the fact that hydrotherapeutic treatment is employed intelligently and with good effect. No less than ten continuous baths are to be found in the hospital, and at the time of our visit they were nearly all occupied by restless patients. Something between forty and fifty hydro treatments per day are given, and the arrangements for the administration of different forms of spray douches and electric light baths are admirable.

Some restraint was in evidence, such as the use of camisoles and straight jackets, but Dr. Campbell informed us that it was not resorted to under normal conditions. The reduction of the staff owing to the war conditions and the overcrowding was responsible for the situation.

The whole building was carefully kept, and on the whole up to the mark when compared with similar institutions already visited.

The airing courts had the same objectionable features which have been referred to so frequently in other portions of the report on Western hospitals, but of course it is to be remembered that there are few trees of any size to be found in these communities.

The idea of gaol like airing courts is always repulsive and we are fully convinced that better results are to be obtained by a different method. This entails the engaging of a larger staff of nurses and attendants than has yet been found in any of the Western hospitals.

A dietitian is employed, an excellent pathological laboratory exists, and as soon as possible a competent pathologist will be appointed.

Lack of employment and suitable occupations were only too plainly in evidence, but again the outlook is somewhat hopeful, since during the past year one of the assistants was sent abroad to make a study of the occupational system and to learn what others are doing.

Nursing is not on any better basis than that found in many other Western hospitals, except that in Battleford the services of a general hospital trained nurse are available for the physically ill.

The amusements furnished the patients are many and well ordered.

The problem of the feeble-minded has not received proper attention, and it was disturbing to find many idiots, imbeciles, and epileptics herded with the insane patients."

Many patients prior to admission to the hospital pass through the gaols at Regina and Prince Albert.

Since the foregoing lines were penned a great deal of water has run under the bridge, and there has been a revival of interest that is most pleasing. Our report in 1918 was on the whole laudatory, and it was considered that Battleford ranked high among Canadian institutions. At the present time its claim to pre-eminence is more than ever established. Those of us who have spent many years in connection with hospitals realize that an institution depends on something more than elaborate buildings for its success, and although Battleford is magnificently equipped in a material sense, yet it has a personnel in charge that would accomplish splendid things no matter how meagre and crude the surroundings. The criticisms made in 1918 no longer apply, and nearly all of the things complained of then have disappeared. True, the form of admission has not changed and gaol patients are received in large numbers, but it is evident that a better order of affairs in this connection will be instituted at an early date. No doubt voluntary admission will be arranged for, and it is hoped that the methods now so successfully followed in Manitoba, British Columbia, and Ontario will be adopted. This, of course, means the disappearance of the unfortunate detention of the insane in gaols.

It is realized that in a Province as large as Saskatchewan with its vast distances to be traversed, it is almost impossible to avoid delays in the transfer of patients to Battleford; at the same time there cannot, in our opinion, be any excuse for the perpetuation of a method of admitting the insane that is manifestly an anachronism.

Possibly the most outstanding feature of the work at Battleford is the development in occupational therapy—a line of treatment that produces the best results both with acute and chronic cases. An institution with its patients fully occupied is one that is easy to manage, and a happy home for its inmates. The variety of occupations can be extended with benefit and it may be found necessary to erect a special industrial building, which might include provision for amusement activities.

If this were done the one objectionable feature at Battleford, viz., the airing court, might be abandoned without difficulty. While it is true that climatic conditions in Saskatchewan make it difficult to do away with an airing court at certain times of the year, yet we hope to see the present eyesore disappear in due course. Airing courts smack too much

of gaol methods, and in a way defeat the object of their existence, as they are usually merely make-shifts for the convenience of the lazy among the employees. The superintendent and his staff discussed this point fairly, and will, if given opportunity, find a proper substitute for the bare and dreary apology for recreation grounds.

There are so many delightful and admirable features at Battleford that we hesitate to advance this criticism, but it is only fair to record the impressions received during the survey. It is a matter easily remedied.

STATISTICAL DATA CONCERNING THE PROVINCIAL HOSPITAL, BATTLEFORD. (FURTHER NOTES)

BUILDINGS

There is a three story main building of brick construction, with two wings. In addition there are cottages for the staff, a power house and laundry, and provision for patients suffering from tuberculosis. The hospital was erected in 1914.

NUMBER OF BEDS

There is a bed accommodation for 853 patients, 589 male and 264 female. 296 patients were admitted during 1919, and 168 were placed on parole.

STAFF

The medical staff consists of the Superintendent, Dr. J. W. MacNeill, Assistant Superintendent, Dr. A. D. Campbell, Assistant Physician, Dr. Eric Brown, and Pathologist, Dr. W. S. Lindsay.

The Matron is Miss H. Jacques, Assistant, Miss J. Rogers, Head Nurse, Miss Walton. There are two graduate nurses for the hospital ward and the tuberculosis wing. Forty-nine female nurses and fifty-one male nurses are also employed.

OCCUPATION

Patients are occupied in farming, making general improvements around the hospital, tailoring, mattress making, carpentry, basketry, bootmaking, toy making, fancy-work, etc.

FARM

The farm consists of 2,240 acres of which 800 are under cultivation. The live stock consists of 38 cows, 34 horses, 104 pigs, and 636 chickens.

HISTORY AND CASE TAKING

A complete history is taken up the admission of each patient. Daily notes are recorded for two weeks or longer, and then once a week for three months. In connection with chronic cases, progress notes are made once a year on the history form. Nurses report once a day to physicians concerning outstanding symptoms.

AMUSEMENTS

Dances and picture shows are given once a week. There is an institution orchestra. The amusement hall has accommodation for three hundred.

LIBRARY

A large library forms part of the equipment.

ADMISSION

Patients are admitted through the order of magistrates and by medical certificates. Many cases pass through gaol prior to admission.

HYDRO-THERAPY

Excellent provision is made for this form of treatment. There are 5 continuous baths for the men and 5 for the women, and in addition 1 electric bath.

PROBATION

Patients on parole report every week for six months. There is no provision, however, for home investigation or supervision.

WASSERMAN

A routine Wasserman forms part of the examination given each patient. 2% of all admissions show a positive reaction.

SYSTEM OF INSPECTION

There is no official inspection although the Inspector of Public Buildings visits the hospital at irregular intervals.

PAROLE ON GROUNDS

10% of the patients are allowed the freedom of the grounds.

TUBERCULOSIS

12 tubercular patients were receiving treatment in a special building.
(June 1920.)

CLASSIFICATION USED

Kraepelin.

NURSES' HOME

A separate building houses 17 nurses, and two residences are now in course of construction.

OPERATING ROOM, ETC.

An operating and dental room form part of the equipment. In addition, there is a morgue and post mortem room.

SEDATIVES

Veronal and Paraldehyde are used.

FIRE PROTECTION

There are 6 fire escapes and emergency fire equipment. Fire drill forms part of the routine.

SUICIDES

Only 2 suicides have occurred since the opening of the institution.

FEEBLE-MINDED AND EPILEPTIC

Many such cases are found in the hospital.

DINING-ROOMS

There is a general dining-room that is utilized for all patients except those who are refractory. For the latter, special provision is made.

The hospital authorities are to be commended for issuing and attractive booklet containing photographs and information about the institution. This pamphlet is sent to the friends and relatives of prospective patients, and is useful in emphasizing commendable hospital features. It helps to counteract a rather prevalent impression that a mental hospital is a species of gaol. A copy is attached, together with tables dealing with the diagnoses and nationalities of admissions during the year 1919-1920.

CLASSIFICATIONS OF ADMISSIONS—1919-1920

PROVINCIAL HOSPITAL		Male	Female
Dementia Praecox.....	88	45	
Dementia Praecox, Paranoid Type.....	11	5	
Dementia Praecox, on Defective Base.....	2	2	
Manic Depressive.....	14	8	
Manic Depressive, Manic Type.....	0	1	
Manic Depressive, Depressed Type.....	0	5	
Senile Dementia.....	21	8	
Pre-Senile Dementia.....	6	5	
Feeble Minded.....	7	2	
Idiocy.....	2	1	
General Paresis of the Insane.....	7	1	
Acute Mania.....	6	3	
Recurring Mania.....	7	3	
Acute Confusional Insanity.....	3	1	
Chronic Alcoholism.....	1	0	
Epilepsy.....	5	6	
Acute Exhaustive Psychosis.....	3	1	
Paralysis.....	0	1	
Chronic Dementia.....	1	0	
Arterio Sclerotic Insanity.....	1	0	
Neurosis.....	1	0	
Psycho Neurosis.....	1	0	
Moral Defective.....	1	0	
Puerperal Insanity.....	0	3	
Schizophrenic Negativism.....	0	3	
Melancholia.....	0	1	
Paranoia.....	1	0	
Petit Mal.....	1	0	
Not diagnosed.....	0	1	
	190	106	

CLASSIFICATION OF NATIONALITIES OF ADMISSIONS—1919-1920

PROVINCIAL HOSPITAL

Country	Male	Female
Canada.....	61	32
England.....	28	16
Scotland.....	7	5
Wales.....	1	0
Ireland.....	2	3
United States America.....	24	20
France.....	4	0
Belgium.....	2	1
Russia.....	17	9
Norway.....	12	3
Sweden.....	3	1
Germany.....	2	2
Hungary.....	2	0
Poland.....	2	0
Finland.....	1	0
Denmark.....	1	0
Galicia.....	2	3
Italy.....	1	0
Austria.....	11	7
Switzerland.....	1	0
Iceland.....	2	1
China.....	4	0
Roumania.....	0	2
India.....	0	1
	190	106

V.

HOME FOR MENTAL DEFECTIVES.

GOVERNMENT INSTITUTION. UNDER DEPT. OF PUBLIC HEALTH.

Superintendent: Miss Kennard.
Assistant: Mrs. Forsythe.

INMATES.

In residence—37. Twenty-eight girls and nine boys, the oldest of whom is 14 years of age, and the youngest 18 months.

This institution is established in the old government buildings and is excellently managed. The patients are comfortable, well cared for and the few who are capable of development receive attention in school. Twelve girls and one boy were in the classes at the time of our visit, and the majority were doing kindergarden work.

A detailed report of 18 patients follows:

- Case No. 1—Age 3—Defective.
- Case No. 2—Age 23—Unmarried, has two illegitimate children. Mental age, 6 years.
- Case No. 3—Age 24—Roumanian. Mental age, 6 years.
- Case No. 4—Age 13—Canadian. Father and mother German. Mental age, 5 years.
- Case No. 5—Age 18—U.S. Father and mother German. Mental age, 6 years.
- Case No. 6—Canadian. Mental age, 4 years.
- Case No. 7—Canadian. Mental age, 4 years.
- Case No. 8—English. Age 22. Defective palate. Mental age, 5 years.
- Case No. 9—Canadian. Age 59. Mental age, 4 years.
- Case No. 10—Canadian. Age 16. Mental age, 7 years. Epileptic.
- Case No. 11—English. Age 37. Mental age, 6 years. Epileptic.
- Case No. 12—English. Age 14. Mental age, 6 years. Mother and father English. Defective palate. Mother insane.
- Case No. 13—Canadian. Age 16. Blind. Imbecile. Does fancy work.
- Case No. 14—English. Father and mother English. Imbecile. Destructive.
- Case No. 15—Age 28. Imbecile.
- Case No. 16—Age 10. Canadian.
- Case No. 17—Imbecile.
- Case No. 18—Age 28. Half breed; has illegitimate child. Defective.

VI.

JUVENILE DELINQUENCY

The problem of juvenile delinquency in Saskatchewan receives the consideration of the Department of Neglected and Dependent Children, juvenile courts, and the Boys' Detention Home, Regina. These organizations are hampered because of lack of assistance in diagnosing the abnormal, and in making provision for those of unsound mind. An added difficulty is emphasized by Mr. A. S. Wright, Honorary Secretary of the Children's Aid Society, Saskatoon, when he states in a recent report—"We still have no provincial institution, training or otherwise, for delinquent girls. It is not right. We are dealing every week with delinquent girls, and we can do little or nothing. In the case of a boy there may be the alternative of a farm, and most boys can get along and learn something there, but a girl who has to be taken charge of cannot well be placed on a farm. She will not readily do housework, and a store or office is unsuitable for many of them. For the class of girl who is called delinquent it is imperative that a training school of some approved kind be instituted in the province."

An account of juvenile courts and the Boys' Detention Home, Regina, follows.

JUVENILE COURTS

Juvenile Courts have not been developed in the Province to the extent that is desirable. Judge MacLachlan conducts an excellent court at Regina and other places. There is need, however, for the establishment of more, with facilities for psychiatric examination and competent parole.

A brief perusal of *typical court cases will show that the problems to be dealt with by the Judge are not only intricate, but that many are distinctly medical and psychiatric. It so happened that in our investigations we saw no less than four members of one family referred to, in three different institutions, and realized that if a skilled medical opinion had been obtained early in the day, the unpleasant things which had occurred might easily have been obviated by proper treatment. These detailed cases show in graphic manner the sort of thing met daily in juvenile courts, and it is not difficult to understand that in order to deal with them satisfactorily it not only requires time, patience and wisdom, but a deep knowledge of psychiatry and psychology.

The social service side of juvenile court work should also be widely developed, as without an intimate knowledge of home conditions and associations it is not possible to indicate in many cases the best line of treatment to follow. In other words, in order to get the best results the work of a juvenile court should be done carefully and deliberately by well paid officials who have time to arrive at sound conclusions. The slipshod methods of some courts where the crime rather than the individual receives the whole attention of the magistrate, cannot be too severely condemned. It was gratifying to find that Judge MacLachlan was not only conscientious and painstaking, but went to no end of trouble in making interesting and illuminating records. She has, however, to attempt too much.

ACCOUNT OF TWENTY-FOUR TYPICAL CASES—JUVENILE COURT REGINA

1. Mother, 26. Has three children. 1 child born in wedlock (but all illegitimate). Had 1st child at 18. Claims to have had venereal disease. July, 1918, convicted of vagrancy and prostitution.

2. French-Canadian, born in Canada, January 20th, 1905. Grade III. Brought to Juvenile Court as neglected child. Mother arrested for vagrancy and immorality. Father returned soldier in hospital in Toronto. 2 brothers and 1 sister in Shelter for some time. One brother arrested for theft, December, 1919, sent to Industrial School, Regina. At that time mother fined \$25.00 for receiving the stolen money from this boy. Immoral with mother's knowledge. Mother immoral.

*Account of twenty-four court cases is presented on pages 351-353.

3. Canadian. German parents. Born January 7th, 1905. Grade VIII. Reason in court: incorrigibility. Sent to Salvation Army Home, Winnipeg. After leaving school at Grade VIII. went to business college. Abnormally bright, but untidy and irregular. Would not recommend her for work. Threatened to commit suicide if not allowed to see a certain boy. Says mother and sisters are down on her.

4. American, born April 15th, 1903. Reason: immorality, bad home. Sent to Calgary Social Service Home. Immoral; disorderly house. Received 50 cents to \$2.00. Frequented Chinese restaurants.

5. English. Born May 1st, 1904. 5 in family. Grade IV. Reason: immorality, bad mother. Out late, dance halls, drinks. Mother and daughter immoral with same man. Mother had illegitimate child while husband was overseas. After birth of child was in Hospital for Insane for a short time. Child died. IV. grade at school. Probation.

6. Canadian. Born July 14th, 1906. German parents. Grade II at school. Reason: damaged threshing machine. Brother feeble-minded. Distinctly feeble-minded. Recommendation: probation.

7. Half-breed, Canadian, born July 20th, 1905. Grade III. Reason: beyond control of parents, running streets. Parents drunkards; bad home. Stays out all night. Father has been in jail for drinking. Eldest sister, drunkard, has been in jail; married, but does not live all time with husband.

Made ward of Children's Aid Society.

8. Canadian, born October 3rd, 1908. Grade III. Reason: interfering with switch (put spikes in it). Mother and father feeble-minded. He put spikes on switch "just to see the train run off the track."

9. Canadian, half-breed, born 1905. Grade III. Reason: theft from Shelter. Steals money himself or induces the other boys to steal it. Untruthful. Stole \$10 and wore it in stocking. See other history.

10. French-Canadian, born 1904. Grade II. Mother dead. Reason: theft of jewellery and other articles to amount of \$200.00. Sent to Convent of Sisters of Charity Refuge.

* 11. Born in Canada, August 1909, of Ruthenian parents. Grade II. Reason: assault causing bodily harm. Sent to Industrial School, Regina. Hit girl with his fists and lunch-pail, knocking her unconscious. (Was quarrelling with girl's brother). Very quarrelsome.

12. Polish, born in Austria, May 20th, 1904.

Reason: forged cheque for \$200. Sent to Industrial school. Is a bright boy.

13. Born in Roumania on November 28th, 1904. Reason: theft, 4 charges, of jewellery and clothes.

14. Born in Canada, April, 1904. Parents Irish. Grade III. Father deserted family—drunkard. Reason: incorrigibility. Placed in various Homes; could not keep position, owing to incorrigibility. At 11 years of age began running around with boys. Is an illegitimate child. Industrial School.

15. Born in Canada, December 10th, 1906. Grade II. Very backward at school. Reason: theft of pair of boots and skates. Sold skates for \$1.50—to go to rink. Recommendation: probation.

16. Born in Canada, May 1905. Grade IV. Teacher reports that he could not learn. Reason: stole boots and skates. Was placed on farm.

17. Born in Canada, December, 1905. Doukhobor. Grade IV. Ran away from home. Forged cheque for \$59.00. Has been 5 or 6 times in British Columbia Detention Home, also in Industrial School, Vancouver, for 2 years for theft, truancy and stealing horses. Brother also in British Columbia Industrial School. Sent to Regina Industrial School.

18. Austrian. Born December, 1905. Grade VIII. Bad home training. Repeater in court, for theft, truancy and vagrancy; damage to property. Is a roamer and holds a job two or three days. (One place 2 weeks.) Untruthful. Recommendation: Industrial School.

19. Canadian, born November 16th, 1904. Mother left second husband, as he did not support her. Reason: neglect. Bad companions. Mother: telephone operator (day). Is telephone operator (night). Sleeps, and will not answer phone. Will not eat at home—goes to restaurants. Earns \$65 per month, spends all on clothes and meals. Paid \$20.00 for blouse. Question of immorality. Recommendation: probation.

20. Polish, born in 1911. Grade I. Reason: theft of money—two charges. Parents are most ignorant and degraded in foreign element. Boy had defective speech. All signs of feeble-mindedness.

Diagnosis: feeble-minded. Recommendation: probation.

21. Born November, 1907. Never went to school. Has stolen clothing, eatables, and money, e.g.: (1) Stole salt. (2) Took Stetson hat and hid it under bed. (3) Untied pony and set it loose. Diagnosis: feeble-minded.

22. Born in United States. Theft from Regina Trading Store. Grade IV. returned to parents.

23. Canadian, born July, 1906. Grade I. Reason: arson. Set fire to stable, in 1919. Diagnosis: distinctly feeble-minded. Recommendation: Industrial School.

24. Polish. In November, 1918, was made Ward of Children's Aid Society for stealing in a store. Comes from troublesome family. Eldest brother was in Portage la Prairie Institution and ran away. John ran away from Shelter on one occasion. After that became involved in a petty theft and store breaking. Father has been in jail for theft. Lad is bright. January, 1919. Broke into cigar stand and stole tobacco and cigars. Ran away from home; sent to Detention Home. Left there for training, owing to home. Family nuisance.

BOYS' DETENTION HOME—REGINA.

Superintendent: Mr. A. Houston.

Matron: Miss K. Hedley.

Chief Attendant and Physical Director: Mr. J. Ashton.

Accommodation: 85 boys.

Present number in residence: 44 boys.

SOURCE OF CASES.

Juvenile and adult courts. Boys are sent from all parts of the province.

ORGANIZATION. ETC.

The present building was erected in 1890 for the purpose of an Indian Industrial School, but has been utilized as a Detention Home since January, 1919. Previously a number of delinquent children from Saskatchewan had been sent to the Industrial School at Portage la Prairie, Manitoba.

The Home is under the jurisdiction of the Provincial Department of Neglected and Dependent children. This department came into existence in 1908, and among other duties receives children through the court, provides foster homes, and supervises children under its care.

BUILDINGS, ETC.

The building is of brick construction, and contains a classroom, dormitories, diningroom, amusement room (gymnasium), offices, etc. It is located on 83 acres of land of which seven are under cultivation as a truck garden. Several frame houses are located close to the Home. Two might be remodelled and converted into industrial shops and the third utilized as a residence for the Superintendent.

AGES OF BOYS.

The boys range in age from eleven to twenty. The average length of commitment is eleven months, although for the greater part the sentences are indeterminate.

SCHOOLING, ETC.

Most of the boys in residence attend school. There are no facilities for the teaching of trades, although the Superintendent was desirous of securing apparatus for instruction in telegraphy, and hoped that industries would be developed in due course. The boys receive a thorough physical training and, from the standpoint of health, are in a splendid condition—a pleasing contrast to the situation found in many Detention Homes.

All the inmates were well-kept, and appeared cheerful and happy. Their deportment was sufficient proof that the influence of those in charge was of the highest character. It was pleasing to note that there were no bars or bolts, and that discipline was being maintained by kindly methods.

MENTAL EXAMINATION.

Each boy was investigated from the mental standpoint and of forty boys twenty-three were discovered to be abnormal.

59% ABNORMAL MENTALLY.

Of the abnormals fifteen were classed as high grade defectives and three as psychopathic (presenting pronounced character defect). In other wards 59% of the boys were abnormal mentally—a percentage that corresponds to findings in similar institutions in Canada and the United States.

The offences of the abnormal were as follows:

Theft.....	12
Incendiarism.....	1
Truancy.....	3
Vagrancy.....	2
Attempted murder.....	3
Forgery.....	1
Attempted rape.....	1

Accordingly to nationality the abnormals were grouped as follows:

Canadian.....	3
Half-breed Indian.....	3
American.....	6
English.....	2
Austrian.....	1
Russian.....	1
Canadian of English extraction...	3
Canadian of Russian extraction...	2
Canadian of German extraction...	2

In the chapter dealing with recommendations consideration will be given to the work of the Detention Home and the advisability of segregating the abnormal from the normal.

A detailed account of mental examinations follows:

Case No.	Age	Nationality	I.Q.	Diagnosis	Notes
1	16	Canadian....	85	Defective....	Neurotic, manneristic, fidgety, without sense of responsibility, attempted murder and safe-breaking.
2	15	Canadian....	70	Defective....	Theft.
3	14	American....	73	Defective....	Gets in violent passions, attempted to shoot a man.
4	12	English.....	70	Defective....	Cyanosis. An institution case.
5	18	American....	70	Defective....	Dull facial expression, epicanthis.
6	17	American....	70	Defective....	Attempted rape.
7	13	American....	70	Defective....	Persistent thief.
8	16	Austrian.....	.....	Defective....	Persistent thief.
9	14	English.....	.....	Defective....	Poor physique, pathological liar.
10	14	Indian.....	70	Defective....	Very bad family history.
11	19	American....	65	Defective....	Manneristic, psychopathic, father alcoholic, housebreaker.
12	16	Canadian....	.....	Defective....	Has little or no moral sense. Bad family history.
13	13	American....	70	Defective....	Dull facial expression, thief.
14	15	Half-breed Indian	65	Defective....	Dull facial expression, housebreaker.
15	13	Half-breed Indian	65	Defective....	Attempted to kill man with an axe. Stolid facial expression, without refinement of features.
16	14	Canadian....	70	Defective....	Repeated offences. Projecting ears. Stupid facial expression.
17	13	Canadian ...	70	Defective....	Projecting ears, restless, unstable, easily moved to tears.
18	14	Russian.....	70	Defective....	Theft, repeated offences.
19	15	American....	70	Defective....	Theft.
20	12	Canadian....	70	Defective....	Truancy.
21	13	Canadian....	70	Defective....	Truancy.

VII.

CRIME

The gaols at Regina and Prince Albert were visited and a number of mental examinations made. Twenty-four definite cases of mental abnormality were found. No doubt a routine investigation of each case would demonstrate a high incidence of mental unsoundness.

Careful studies show the necessity of the psychiatric examination of prisoners and the provision of suitable care and training for those who deviate from the normal. In the absence of such facilities, the Province sustains great losses because the individuals under consideration belong for the most part to the recidivist class. The repeating of crime naturally entails great expense in connection with courts and gaols.

Before submitting data concerning the gaols at Regina and Prince Albert, an extract from a report of the activities of the Psychiatric Clinic at Sing Sing Prison is presented. It contains illuminating information about the mental status of an average group of prisoners.

"1. Of 608 adult prisoners studied by psychiatric methods out of an uninterrupted series of 683 cases admitted to Sing Sing Prison within a period of nine months, 66.8 per cent were not merely prisoners, but individuals who had shown throughout life a tendency to behave in a manner at variance with the behavior of the average normal person, and this deviation from normal behavior had repeatedly manifested itself in a criminal act.

2. Of the same series of 608 cases, 59 per cent were classifiable in terms of deviations from average normal mental health.

3. Of the same series of cases, 28.1 per cent possessed a degree of intelligence equivalent to that of the average American child of twelve years' or under; of the ninety-eight native-born defectives, 80.6 were recidivists in crime, whose average number of sentences to penal or reformatory institutions was 3.5; and 85.7 per cent of the group will have been returned again into the general community within a period of five years.

4. Of the 608 cases 18.9 per cent were constitutionally inferior, or psychopathic to so pronounced a degree as to have rendered extremely difficult, if not impossible, adaptation to the ordinary requirements of life in modern society. This lack of capacity for adjustment is reflected, on the one hand, in the fact that of the ninety-one native born in this

group 86.7 per cent was recidivists in crime, whose average number of sentences to penal or reformatory institutions was 3.9, and on the other hand, in the fact that a very significant number of them have been total economic failures thus far. Furthermore, 82.4 per cent of these cases will have been discharged again into the general community within a period of five years.

5. Of the 608 cases 12 per cent were found to be suffering from distinct mental diseases or deteriorations, in a considerable number of whom the mental disease was directly or indirectly responsible for the antisocial activities."

REGINA GAOL

Warden: Mr. F. Kennedy.
Gaol Surgeon: Dr. V. E. Rothwell.

BUILDING

The gaol building is a modern structure—erected in 1913—and situated 6 miles from Regina. The farm of 640 acres is cultivated by the prisoners.

INMATES

There is accommodation for 138 prisoners, with a present population of 116. They range in age from 16 years up.

COMMITMENT

The length of commitment extends to two years, less one day.

OCCUPATION

During the summer months approximately 40% of the prisoners are occupied on the farm. In addition to the tilling of the soil, the horses, cattle, sheep, and hogs are cared for. There are no facilities for the teaching of such trades as carpentry, boot making, etc.

INSANE

In the past many cases of insanity were cared for in the Regina Gaol prior to their commitment to Battleford Mental Hospital, but arrange-

ments are being made for the accommodation of these patients in the new Government Building, Cornwall Street, Regina. While in gaol excited cases of mental disease were placed in restraint because of the lack of hospital equipment.

PRISONERS AWAITING TRIAL

At the time of our visit a considerable number of prisoners were awaiting trial, and it was learned that some would be held for a period of six months before a definite disposal was made of them. There are no facilities at present for these men to get the benefit of open air exercise. This seems to be an unnecessary hardship and it was learned with gratification that the warden, Mr. Kennedy, had recommended the construction of a walled yard. Such a policy meets with our hearty approval.

VENERAL DISEASES

A routine Wassermann test is made of all the prisoners, and the results of two hundred examinations show that 8% are syphilitic.

INDIVIDUAL EXAMINATIONS

1. Aged 26 years. Canadian. Charged with theft. Marked speech defect. Is highly neurotic. Diagnosis: psychopathic personality.
2. Aged 28 years. Russian. Years in Canada, 6. Charged with theft. Diagnosis: mental defective.
3. Aged 30. Canadian, single, farmer. Came from Ontario two years ago and was arrested for vagrancy. Diagnosis: mental deficiency plus dementia praecox.
4. Born in United States. Had many hallucinations and autochthonous ideas; evidently a case for immediate deportation.
5. Russian. Diagnosis: mental defective.
6. Aged 24 years. Murderer. Evidently a case of hebephrenic dementia praecox.
7. Aged 27. Murderer. Distinctly insane. Diagnosis: paranoid dementia praecox.
8. Diagnosis: mentally deficient.
9. Aged 19 years, born in Poland. In Canada 12 years. Incarcerated in gaol because he ran away from the Detention Home. Has a long criminal history of theft, housebreaking, etc. Has had five years' schooling and reached third grade. Poor eyesight, high arched palate. Mental age 9 years. Diagnosis: mental defective. Recommendation: institution for defectives.

The following is a detailed history of this boy's court record:—

Examined by Dr. C. M. Hincks, at Regina Gaol. Age 19. Came to Canada 12 years ago. Nationality, Polish; father Galician. Religion: Roman Catholic.

Environment: very squalid home consisting of two rooms, one given over to calves and fowl, the other used as living room, dining room, bedroom, etc. Sleeping accommodation very poor—one couch and two bags on floor, apparently filled with straw. There are two other children at home.

School Record: 1st grade. Illiterate.

Previous history: from 1911 until first commitment in 1914 he was guilty of a series of "wilful mischievous deeds" such as stealing a watch and hiding it, taking farm tools and throwing them in sloughs, etc. The neighbours considered him a nuisance and parents could do nothing with him. In November, 1913, had been sentenced to two years suspended sentence (with brother) for housebreaking.

- Aug. 6, 1914. . . . Arrested for theft of horse and buggy.
- Aug. 22, 1914. . . . Made ward of Children's Aid Society owing to previous record.
- Aug. 29, 1914. . . . Sent to Industrial School, Portage la Prairie.
- May 14, 1915. . . . Transferred to Wolseley Detention Home, Sask.
- Feb., 1916. . . . Released from Detention Home and allowed to go home.
- Oct. 15, 1917. . . . Sentenced to Wolseley Detention Home.
- June 21, 1918. . . . Released from Detention Home and placed on a farm.
- July 9, 1916. . . . Stole horse from employer.
- July 13, 1918. . . . Sent back to Detention Home.
- Oct. 2, 1918. . . . Stole watch and chain from employer (was allowed to go to a nearby farm to work).
- Nov. 4, 1918. . . . Ran away from Detention Home and was located with horse and buggy which belonged to employer from whom he stole the watch. Sent back to Detention Home.
- June 2, 1919. . . . Ran away from Detention Home. Located one mile away hiding in a straw stack.
- Sept. 27, 1919. . . . Ran away. History says he broke into house, stole food, saddled best horse on farm, secured suit-case full of jewellery and clothes. Was caught hiding in hay mow. Was allowed to remain out of Detention Home on trial.
- Oct. 17, 1919. . . . Stole horse from livery.
- Oct. 22, 1919. . . . Taken back to Detention Home.
- Nov. 24, 1919. . . . Allowed out on suspended sentence with father.
- Mar. 9, 1920. . . . Ran away from home and refused to return.
- Mar. 19, 1920. . . . Arrested.
- Apr. 15, 1920. . . . Sent to Boys' Detention Home, Regina.
- May 30, 1920. . . . Escaped and stole horse, saddle, and bridle. Traded it for \$5.50, a calf, and a work horse. Took the money and the work horse and asked the dealer to ship the calf to Regina Beach. Arrested and handed over to police.
- June 19, 1920. . . . Sentenced to Regina Gaol. Record states that this boy has been considered feeble-minded since his first arrest in 1914.

It is apparent that the prisoners at the Regina Gaol should be submitted for examination by a well qualified psychiatrist. It was regretted that no less than 47 insane were confined here temporarily during the last year. Such effect as this adds to terrors of the people who are confirmed in the idea that insanity is a crime rather than a disease.

NATIONALITY OF PRISONERS, 1919-1920

Canadian.....	137
Austrian.....	61
American.....	81
Russian.....	31
English.....	22
French-Canadian.....	18
Scotch.....	14
German.....	8
Norwegian.....	7
Irish.....	7
Swede.....	7
Indian (Treaty).....	9
Italian.....	6
Chinese.....	5
African.....	4
Roumanian.....	2
Hungarian.....	3
Polish.....	3
Belgian.....	3
Australian.....	1
Welsh.....	1
Swiss.....	1
Finland.....	1

PRINCE ALBERT GAOL

Warden: C. F. MacGregor, Esq.

Matrons: Mrs. Marion, Mrs. Eldridge.

Accommodation: 48.

At present 22 women are in custody.

SOURCE OF CASES

District south of Hanley, East Wadina, West Lloyd Minister.
Women received from all parts of the province.

FUTURE PLANS

The gaol will be moved shortly to a building four blocks away and in addition a gaol farm is being developed six miles from Prince Albert. Under the new arrangements there will be accommodation for 200—150 men, and 50 women.

CASES REMOVED TO ASYLUM

During the last year 16 men and 5 women passed through the gaol before admission to the Battleford Provincial Hospital.

WASSERMAN

The following are the first results of Wasserman tests:

Women—12 positive reactions, 16 negative.

Men—1 positive reaction, 20 negative.

MENTAL EXAMINATION

A mental examination of a number of prisoners demonstrated that 15 were defective. Details follow.

Case	Sex	Age	Nationality	Diagnosis	Notes
1	F.	18	Canadian.....	Defective....	Immoral since 16, has venereal disease.
2	F.	19	American.....	Defective....	Venereal Disease.
3	F.	27	French.....	Defective....	Uneducated, was a waitress, arrested for immorality and selling liquor.
4	F.	.....	Canadian.....	Defective....	Never went to school, cannot read or write, not living with husband, immoral.
5	F.	19	Canadian.....	Defective....	Immoral since 14 years of age, was waitress in confectionery store.
6	F.	22	American.....	Defective....	Housemaid. Arrested on charge of theft and immorality.
7	F.	.....	Russian.....	Defective....	Married in 1908, divorced. Married in 1919, left husband, charged with immorality and theft.
8	F.	31	American..... (Colored.)	Defective....	Immoral.
9	F.	24	Canadian.....	Defective....	Arrested for smuggling cocaine and morphia, immoral.
10	F.	23	Canadian.....	Defective....	Drug habitue. Immoral since 16. Nervous type. Spasmodic tachycardia.
11	F.	23	Canadian.....	Defective....	Waitress, immoral.
12	F.	40	Scottish.....	Defective....	In Canada 17 years. Married 16 years ago and lived with husband one day. Has been consorting with another man for 14 years. She has had 10 illegitimate children. Chronic alcoholic. Appeared in Winnipeg court on 90 occasions. Has been in Prince Albert Goal 9 times.
13	M.	.....	Russian.....	Defective....	Third time in gaol, cannot read or write or make simple change. Indecent exposure and drunkenness.
14	M.	.....	English.....	Defective....	Theft.
15	M.	19	Russian.....	Defective....	Charged with murder. Never got beyond first grade at school.

PRINCE ALBERT GAOL

Nationalities	June 18th, 1919		
	Male	Female	Total
American.....	51	13	64
American Half-Breed.....	2	2	2
Austrian.....	55	8	63
African (South).....	1	..	1
Belgian.....	2	..	2
Bohemian.....	1	..	1
Canadian.....	88	7	95
Canadian Half-Breed.....	13	6	19
Dutch.....	1	..	1
English.....	22	5	27
French.....	2	..	2
Greek.....	1	..	1
German.....	6	2	8
Hungarian.....	..	1	1
Canadian (Indian).....	2	1	3
Canadian (Half-Breed).....	2	..	2
Irish.....	7	1	8
Jew.....	1	1	2
American.....	..	2	2
American (Negro).....	3	4	7
Norwegian.....	4	1	5
Polish.....	2	..	2
Roumanian.....	..	1	1
Russian.....	26	1	27
Scotch.....	3	2	5
Swede.....	1	..	1
Syrian.....	1	..	1
Ukrainian.....	1	..	1
	296	58	354

VIII.

ILLEGITIMACY

The relationship that exists between illegitimacy and mental abnormality is intimate. Investigations that have been conducted by the Canadian National Committee for Mental Hygiene into the mental status of over 700 unmarried mothers in various parts of Canada have demonstrated that over 50% are mentally deficient. The cases reviewed were those seeking medical care in public maternity hospitals.

Since heredity is of great importance as a causative factor of mental abnormality it is prudent to subject unmarried mothers to a psychiatric examination and to provide special facilities for their care. In some cases it will be necessary to place them in institutions for a considerable period and others will require careful supervision in the general community.

The data collected with regard to illegitimacy in Saskatchewan was meagre but significant. The statement was made by Captain M. Forest of the Salvation Army Home, Moose Jaw, that in her judgment 40% of the unmarried mothers passing through the Army Home were defective.

An account of the W. C. T. U. Home, Saskatoon, and the Salvation Army Home, Moose Jaw follows.

W. C. T. U. MATERNITY HOME, SASKATOON, SASK.

Superintendent: Mrs. Sproule.
Accommodation: 7 patients.

EQUIPMENT, ETC.

This Home was the private residence of Mrs. Sproule, the superintendent, and it was interesting to note that her services were given gratis because of her devotion to philanthropic work. The institution did not present the appearance of a hospital, but rather that of a quiet, dignified private home.

FUNCTION

Practically all cases cared for come within the group of unmarried mothers. From May, 1919 to May, 1920, 33 of this class received attention. The ages of the patients ranged from 14 to 45, but for the most part they were young girls, many 17 and 18 years old. They are detained as a rule for a month, and are not particularly urged to continue maternal nursing of their infants. Early adoption is often practised.

MAINTENANCE

The city of Saskatoon makes an annual grant of \$1200. This amount together with personal gifts and the revenue from pay patients sustains the organization. Girls who can afford the expenditure pay \$25 for two week's care and \$5 per week for pre-natal attention.

NATIONALITY, OCCUPATION. ETC

The majority of the girls receiving attention are of the domestic and waitress class. According to nationality the last 28 patients in the Home were classified as follows:

British.....	9
Canadian.....	9
American.....	3
French.....	2
German.....	3
Russian.....	2

MENTAL EXAMINATION

At the time of inspection, June, 1920, five patients were resident in the Home—all pay cases. These individuals presented no marked signs of mental abnormality.

Similar studies in other Provinces have shown that mental deficiency and illegitimacy are closely related and no doubt the fact that five patients referred to in the W. C. T. U. Home were self-supporting accounts for the unusual finding. All had been victims of unfortunate circumstances. Two sad cases in particular were public school teachers.

SALVATION ARMY HOME—MOOSE JAW

Superintendent: Brigadier Potter.
Acting Superintendent: Captain M. Forest.

FUNCTION

The Home is conducted by the Salvation Army particularly for the care of unmarried mothers and their babies. Preventive and follow up work with regard to illegitimacy forms an important part of the progress of the institution. During the last year twenty-three cases received attention, and were referred for the following reasons:

Unmarried mothers.....	16
Theft.....	1
Immorality.....	1
Feeble-minded.....	2
Alcoholic.....	1
Deserted by family.....	1
Preventive measure.....	1

The nationalities of the above 23 cases were as follows:

American.....	5
British (Eng. & Scot.).....	5
Austrian.....	1
Belgian.....	1
French.....	1
Canadian.....	10

ACCOMMODATION, ETC.

The Home has accommodation for ten patients and presents the appearance of a private dwelling. Maternity cases receive obstetrical care in the General Hospital.

MENTAL ABNORMALITY

Capt. M. Forest stated that in her judgment approximately 40% of the unmarried mothers cared for in the Home were mentally defective. In June 1920, 6 patients were in residence and 2 were obvious cases of feeble-mindedness. Another patient receiving obstetrical care in the hospital was also mentally deficient.

IX

NEGLECTED AND DEPENDENT CHILDREN

Saskatchewan has a Department of Neglected and Dependent Children that is responsible for commendable activities. Mr. J. F. Reynolds, the superintendent, and those associated with him have devoted themselves whole-heartedly to their difficult task. That much has been accomplished is indicated by the fact that prior to April, 1919, 5,146 cases received consideration. In 1919, 729 were under supervision in foster homes, 398 with parents or relatives and 129 in institutions and shelters.

A few extracts taken from a recent report of the Superintendent indicates something of the nature of the work.

"The principal activities coming within the scope of this department are in the administration of 'an Act for the protection of neglected and dependent children' which briefly explained are as follows: Fifteen reasons are set forth why children may be apprehended without warrant and taken to places of safety by any officer, probation officer, constable or

policeman. Children sixteen years of age and under, may be taken before a judge and forcibly removed from the custody of parents or guardians, and placed in the custody of the Superintendent or the officials of Children's Aid Societies until they are twenty-one years of age. A judge means a judge of the king's bench or district court, or a police magistrate appointed as a judge of the juvenile courts, or two justices of the peace. When children are committed, they are placed in one of the Children's Aid Societies' Shelters for the purpose of observation, and until foster homes may be found for them. Occasionally it is found a child may be better provided for or corrected by placing it in a Detention Home which may be effected upon an order of the Attorney General.

"Children are placed in detention homes for an indeterminate period and when it is found they have received sufficient instruction and training to allow of their being placed in a private home, they may be allowed to go to a foster home on probation, or if the condition of their own home is found to be satisfactory, they are allowed to return there.

"The greater portion of the younger children are found foster homes shortly after being taken in hand, and placed out on an agreement between the foster parents and the Superintendent, as it is not anticipated by the Act that they shall remain in institutions longer than is actually necessary. These agreements are of three kinds, one which is styled a foster agreement, provides for the practical adoption of the child without any stipulation as to remuneration, and is particularly suited to the very young child who has become a member of the family. The older child agreement provides particularly for the schooling and training of the child with a small remuneration, and the third agreement for the child who is beyond compulsory school age, or who is found cannot be induced to continue school and is placed on a monthly or yearly salary.

"All of the salary earned by such children after providing for the necessary clothing is forwarded to the department and deposited to the credit of the child in his or her own name in a bank in trust by the Superintendent. At present we have two hundred such accounts with a total of over seventeen thousand dollars and when children become of an age when they are allowed to do for themselves and when they are in need of funds for any specific reason to invest for themselves, this money is handed over to them. The foster homes are regularly inspected by inspectors employed for the purpose and every detail of the home surroundings gone into and reported on, including private interviews with the ward to ascertain if there is anything wrong or if any dissatisfaction exists. While foster homes are carefully selected, it is needless to say that some may be found to be unsuitable for the particular class of child placed, and some homes may, on account of changed conditions, become

unsuitable when it is found necessary to remove the child. It is remarkable, however, how few of these cases we have to deal with and as the Act provides a penalty for any person, who having the custody of a child ill-treats or neglects it, there is ample provision for its welfare and safety.

"With the divisions and classifications of human society and the unrest of child life, it is not to be expected that by placing children in foster homes, our duty ceases, and our work lies largely in listening to and corresponding with wards who have their troubles, and foster parents who have the faults of children to put up with. These conditions in the case of older children particularly, make it necessary that they be moved occasionally, and with the numbers handled in this department it means a continual arrangement of transportation and escorts. There are occasions too, where the child will get out of hand or become so unruly that it is necessary to remove it from a foster home, to serve a time in the detention home, when it is again tried out in the same or some other foster home."

NEGLECTED AND DEPENDENT CHILDREN

A study by the Canadian National Committee for Mental Hygiene of the children in the Children's Aid Shelters in Moose Jaw, Regina, and Saskatoon and in the Baby Welfare Home, in Saskatoon, revealed the fact that a number were mentally deficient. These children were in need of specialized training and were not suitable for adoption. They furnish a further argument for the establishment of training schools for mental defectives.

A report of institutions caring for dependent children follows.

CHILDREN'S AID SOCIETY SHELTER, SASKATOON, SASK.

MATRON: MRS. CROSS

The shelter is situated about four miles from the city of Saskatoon on fourteen and a half acres of land. It consists of one main house with accommodation for 24 children, and one cottage for 5 boys.

There were fourteen children in the Shelter at the time of the visit, and ranged in age from 2 to 18 years.

All the children of suitable age attend one of the schools. In addition they perform duties such as dusting, bedmaking, mending clothes, darning, etc. On the property, in connection with the Home, two cows and many chickens are kept; these supply the children with fresh milk and eggs.

In ten years a doctor has never been required to call. Every child is medically examined by Dr. Wilson before entering the Home.

During the past year seventy children have been passed through the Shelter. This Home is the only place for children awaiting trial from the Court in Saskatoon.

MENTAL EXAMINATIONS

Thirteen children were examined from the psychological standpoint, and three were found to be definitely mentally deficient. Four others are deserving of careful observation.

An outline of seven cases is submitted.

CHILDREN EXAMINED

1. Age 11. Scotch, in Canada two years. Mother supposedly mentally defective and immoral. Never went to school till five weeks ago. Mental age 7. Mental defective. Should be in an institution for Mentally Defective Children.

2. Age 11 years. Irish. Father a farmer. Mental age $7\frac{1}{2}$. Dull. Mental action slow. Comprehension poor. High palate. Mentally defective. I.Q. 74. Needs care in an institution for Mental Defectives.

3. Is mentally defective. Father illiterate. Incompetent to bring up children. Family of thieves.

4. Age 7 years. High narrow palate. Epicanthus. Defective ears. Mental age 7. Apparently normal, but of poor mental and physical stock.

5. Age 3 years. High palate. Dull. A symmetrical head. Too small for any opinion.

6. Age 4 years. Thin; malnutrition; bad tempered; shy. Annoys other children. Peculiar shaped head. Father hanged for murder one year ago. Too small for definite opinion.

7. Age 3 years. Mother in Battleford. Abnormal shape of head, a symmetrical, protruding occiput; malformed ear, bites nails. Has a very bad temper. Too young to express definite diagnosis, but does not appear to be a normal child.

SHELTER OF THE CHILDREN'S AID SOCIETY, MOOSE JAW, SASK.

President: Mr. Arthur Hitchcock.
Secretary: Mrs. W. B. Spotton.
Matron: Miss R. L. Laughton.

ORGANIZATION

The Moose Jaw Children's Aid Society was organized in 1910 and the present shelter was built in 1919.

FUNCTION

The Shelter serves as a clearing house for neglected and dependent children. A certain proportion of those cared for are government wards and suitable cases are placed out for adoption. Many children come from homes that are in a state of temporary distress, and a goodly proportion of these are returned to their parents when home conditions are satisfactory.

BUILDING, EQUIPMENT, ETC.

The Shelter is a thoroughly modern structure, beautifully situated on the brow of a hill overlooking the city. Pains have not been spared to make the institution most attractive and home-like. The dining room, kitchen, dormitories, etc., are well lighted and splendidly planned. Each dormitory has accommodation for six beds. An isolation ward with four beds forms part of the equipment. The playground is spacious, has sand piles, swings, etc.

ACCOMMODATION

The Shelter has capacity for seventy children, and fifty-two are at present in residence. (June, 1920). Between Feb. 1st, 1919, and Feb. 1st, 1920, ninety-two children were admitted. Of these twenty-four were returned to their parents, and twenty-eight were made Government wards. The twenty-four referred to, were mostly soldiers' children who were being cared for until their parents could make adequate provision for them. During the year fourteen children were adopted and two placed in positions in the city of Moose Jaw.

MAINTENANCE

The erection of the Shelter involved an expenditure of \$50,000, of which the city of Moose Jaw subscribed \$25,000 through the issue of debentures for the purpose. Furnishings were supplied largely through public philanthropy. Many church clubs and other organizations under-

took to furnish individual rooms and to maintain cots, and maintenance is provided entirely through private gifts. The latter includes the donation of food, clothing and money. It is interesting to note that the school children of Moose Jaw gave last Easter 315 dozen eggs—each child was asked to give one egg. On other occasions the children have given fruit or vegetables, and it is surprising to learn of the large quantity of material that has been donated in this way.

ATTENDANTS

The matron is a trained nurse and aside from the assistance of a charwoman, conducts the work of the shelter with the aid of the older girls under her care. The latter receive some remuneration for their work.

SCHOOLING

In June, 1920, forty children were attending a nearby public school. The remainder (twelve) were either below or above school age.

JUVENILE COURT QUARTERS.

One room in the Shelter is set aside for Juvenile Court Purposes. This Court is presided over by Judge Lemon. Two detention rooms are available for the custody of delinquents and these latter children are thus kept apart from others in the Shelter.

MENTAL EXAMINATIONS.

Of the fifty-two children cared for in the Shelter nine were discovered to be mentally abnormal—17% of total. Four of these children were mentally deficient and were obviously more suited for care in an institution for mental defectives than in the Shelter. Brief notes concerning the abnormal children follow.

Case	Age	Diagnosis	Recommendation	Notes
No. 1..	16	Mental defective..	Institution for mental defectives	When 15 years of age had twins. *Father of children was her guardian. Plays with children younger than herself. Mental age approximately 10.
No. 2..	6	Mental defective	Institution for mental defectives	An illegitimate child. Cannot dress herself; dull, high arched palate, stupid facial expression. Mental age between 3 and 4.
No. 3..	11	Mental defective.	Institution for mental defectives	Mental age 6½ years.
No. 4..	19	Dementia Praecox plus mental deficiency	Institution for mental cases	Hears voices at night, gets depressed, used to be excitable. Has lost interest in outside things; difficult to concentrate. Bad tempered. Mental age approximately 11.
No. 5..	7	Psychopathic . . .	Special medical supervision	Father and mother insane. Quiet, sly, mischievous, will not mingle with other children.
No. 6..	5	Psychopathic . . .	Special medical supervision	Father and mother insane. Peculiar behaviour. Will not co-operate with guardians.
No. 7..	3	Psychopathic . . .	Special medical supervision	Father and mother insane. Peculiar behaviour. Uncommunicative.
No. 8..	7	Borderline.	Special class at school	Mental age between 5-6. Manneristic. Parents immoral. Backward at school.
No. 9..	6	Borderline.	Special class at school	Peculiarly shaped head. Rather stupid.

*The truth of this assertion was not verified.

RECOMMENDATIONS.

The study of the children in the Shelter revealed the need of a specialized institution in Saskatchewan for the care and training of defectives. The matron of the Home realized the undesirability of mixing the feeble-minded with normal children.

The notes in connection with case No. 1 demonstrate the need of safeguards to prevent the future placing out of children in undesirable homes where morals are endangered. It was learned that the Children's

Aid Society of Moose Jaw had no adequate machinery for inspecting foster homes, and of thus protecting the interest of their charges.

SHELTER OF THE CHILDREN'S AID SOCIETY—REGINA SASK.

President: Mr. George Gamble.

Matron: Miss Lyne.

Accommodation: 30 children.

The Children's Aid Shelter at Regina is a splendidly conducted organization. The building is modern and homelike, and the children receive every care and attention.

Among the 30 inmates in June, 1920, 18 were wards of the Government.

The children were submitted for a mental examination, and it was discovered that several were mentally deficient. For the most part, however, the children were of a fine physical and mental type.

BABY WELFARE HOME—SASKATOON

MENTALLY DEFICIENT BABIES

Matron: Miss Cornish.

This institution was caring for 29 babies at the time of inspection, (June 14th, 1920). 25 of these children were illegitimate. One was 18 months old who had made no attempt to walk or talk and who was able to sit up alone a week ago for the first time. This infant presented many stigmata of degeneracy and was probably mentally deficient.

X

IMMIGRATION

The character of the immigration received in Saskatchewan must always be of intense interest to the Government of the Province, and the figures we have to present regarding gaols, hospitals for the insane, and other institutions, indicate that it has not always been of the best type. Of course, it will ever be the case that among newcomers there will be an undue proportion of the failures of other countries, who hope that new fields and associations will give them opportunity to overcome the difficulties of the past. They cannot understand that the real difficulty is to

be found in themselves. Such figures as we are able to show indicate that immigration should be most rigidly scrutinized by Federal authorities. We know that under the present regime this is being done far more carefully than was the case in past years, but until Canada is equipped with a receiving station similar to that at Ellis Island, N. Y., it will be impossible to detain suspects long enough to give their cases the study they require. We realize that the country must have more population, but are also cognizant of the fact that to safeguard the future the most careful sifting process is necessary. This year a member of the National Committee for Mental Hygiene inspected some 7,000 immigrants upon debarkation in Canada, many of whom were agriculturalists destined to settle in Saskatchewan. It was gratifying to discover that many were of splendid type physically and mentally—English and Scotch who were accustomed to hard work and competent to carry on farming operations.

A study of the nationalities of the prisoners, insane, and cases of juvenile delinquency in Saskatchewan, furnishes interesting data. It is discovered that an undue proportion of those who fail to make good citizens and who constitute a great provincial burden come from countries outside the Dominion.

PRISONERS

Gaol statistics for the past year and covering a survey of 786 prisoners are presented.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of prisoners in Prince Albert and Regina Gaols by birthplace
Canada.....	54.5	34.84
British Isles.....	14.3	10.66
Total European.....	17.0	31.95
Austria Hungary.....	6.6	16.27
Russia.....	.....	7.63
Germany.....	1.1	2.03
Other European Countries.....	9.3	6.02
U.S.A.....	13.6	19.84
Asia.....	.4	1.77
Various.....	.1	.94

These gaol figures tell their own story in a graphic way, and demonstrate clearly that it has not been possible to elevate many of the European types to the standards demanded by Canadian laws. The United States figures are explained by the immigration of adventurers who left their country for their country's good. We found during our investigations in the West, many who came to Canada to escape the requirements of the stringent American laws pertaining to drug habits. The majority of the latter were women of immoral type. It is fair to state, however, that on the whole American immigration has been excellent, and since the enforcement of the new Drug Act by the Federal Department of Health conditions may be expected to improve.

INSANE

The proportion of foreign born in the Provincial Hospital, Battleford, (1919-1920) is even greater than the proportion found in gaols. The following figures are presented:

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of the patient population of the Provincial Hospital by birthplace
Canada.....	54.5	31.41
British Isles.....	14.3	20.92
Total European.....	17.0	30.77
Austria Hungary.....	6.6	8.43
Russia.....	.....	8.78
Germany.....	1.1	.....
Other European.....	9.3	13.56
United States.....	13.6	14.86
Asia.....	.4	1.35
Others.....	.1	.33

It is fortunate that arrangements have been made by the Federal Department of Health for more careful examination of immigrants at ports of entry. At present physicians trained in psychiatry are employed at Quebec and St. John, and many newcomers are being rejected because of mental disability. The foregoing facts demonstrate the need of such precautions. It should be remembered that every patient requiring prolonged treatment in a Mental Hospital costs the Province between seven and ten thousand dollars.

JUVENILE DELINQUENTS.

The following table indicated the proportion of foreign born among 244 juvenile delinquents—cases that appeared before Judge McLachlan of the Juvenile Court, Regina.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of 244 cases of juvenile delinquency by birthplace
Canada.....	54.5	57.37
British Isles.....	14.3	6.15
Total European.....	17.0	20.05
Austria Hungary.....	6.6	11.47
Germany.....	1.1	.40
Russia.....	.....	8.18
Other European.....	9.3	.....
United States.....	13.6	13.52
Unknown.....	.1	2.91

It would appear from the percentages above that foreign born children contributed approximately only their fair share to delinquency. In this connection Judge MacLachlan makes the following statement in her annual report:

"It is of interest to note that while one hundred and forty of these children were born in Canada, yet only thirty-two were of Canadian nationality (parentage). We are truly dealing with 'new Canadians.'"

Basing figures on the nationality of parents, the following significant results are obtained.

	Percent distribution of the population of Saskatchewan by birthplace	Percent distribution of the parents of 244 delinquent children by birthplace
Canada.....	54.5	22.53
British Isles.....	14.3	13.91
Total European.....	17.0	44.16
Austria Hungary.....	6.6	12.69
Russia.....	.....	4.90
Germany.....	1.1	16.39
Other European countries...	9.3	10.18
United States.....	13.6	12.70
Unknown.....	.1	6.30

It was difficult to understand the reason for the large number of children of German parentage until it was explained that a local centre in Regina where unfavorable home conditions and associations existed had furnished the great proportion.

The facts detailed in this chapter indicate the need for increasing thoroughness on the part of federal authorities in the selection of immigrants. It has been stated that the new Federal Department of Health is now dealing with the problem in a more vigorous fashion than has been in the past, and better results may be expected as time goes on. Heretofore the work has been hampered by the lack of interpreters, inadequate medical staff, and insufficient facilities at ports of debarkation and ports of entry.

Prof. W. G. Smith made a careful study of the subject of Canadian Immigration for the National Committee and makes the following recommendations concerning Immigrant Inspection.

PROSPECTIVE IMMIGRANTS SHOULD BE INSPECTED IN NATIVE LAND.

"The first care in the selection of the Immigrant should be exercised in his native land and before he embarks upon the voyage."

P. 317, "Study in Canadian Immigration."

"Either the Canadian Government should maintain at the great ports of embarkation a properly qualified staff to carefully examine every immigrant before going on shipboard, or the various transportation companies engaged in carrying immigrant passengers must be required to make the proper selection. The former is of course expensive, but some of the money employed in promoting immigration may be turned to the task of selecting immigrants. This could be done only in Britain in a more or less free way. In other countries it would have to be done under some such arrangement as that outlined in connection with Italy."—P. 328

"To be rejected before the time of embarkation is nothing compared with the situation of being debarred from landing after a long and trying voyage, and then sent back again over the same route to return frequently to a worse situation than before. This is bad enough in the case of a single individual; it is worse in the case of a man with a family."—P. 321, "A Study in Canadian Immigration."

ADEQUATE INSPECTION NEEDED AT CANADIAN PORTS OF ENTRY.

"A large immigration station should be built, (with due regard) to suitability of locality and a staff of competent officials engaged for the

work of examining immigrants. The immigration station should be thoroughly equipped along the line of the building at Ellis Island, New York, with offices, sleeping rooms, inspection rooms, ticket offices, restaurant, hospitals, and so on. Since the immigrants would not be admitted to Canada until after the examination, they should be regarded as in the care of the steamship companies, who must provide for their support until the immigration authorities are satisfied as to the status and calibre of the intending citizen. For the medical examination there should be a staff of physicians, for the mental examination a staff of psychiatrists, for the economic and industrial examination a staff of inspectors, and, since such a large proportion of immigrants are foreign-speaking, there should be a staff of interpreters. Some idea of the necessity of a large staff in this connection may be formed from the fact mentioned in a former chapter that these immigrants were coming to Canada, prior to the war, at the average rate of a thousand a day. Since, however, in winter season the number is considerably diminished, in the immigrant season there would be frequently more than a thousand a day. To make a careful threefold examination of such a number of people would require a large number of experts unless the immigrants were detained at the station for many days. The latter would be penny wise and pound foolish. At Ellis Island there are in all about six hundred and ten officials, including ninety-five medical officers and hospital attendants—the force of interpreters is probably the largest in the world, gathered under a single roof. Such a staff of experts should be men and women of attainment, refinement and humanitarian instincts. The work in which they would be engaged is not a stockyard inspection, but the selection of human beings, adults and juvenile, for future citizens of a glorious country. They must be moved on the one hand by loyalty to the country and its future, and on the other by kindness and justice toward the immigrant.”—P.324 “A Study in Canadian Immigration.”

The recommendations of Prof. Smith are worthy of consideration by the people of Saskatchewan, and particularly by the chosen representatives of the province in the Federal Parliament. No doubt the latter could with benefit urge progressive measures. In matters pertaining to Immigration the desires of Saskatchewan would materially carry weight.

XI.

*RECOMMENDATIONS FOR THE PREVENTION, DIAGNOSIS AND TREATMENT OF CASES OF MENTAL ABNORMALITY IN SASKATCHEWAN.

PREVENTION

(1) Prospective immigrants should be carefully selected from the standpoint of mental fitness. A considerable proportion of the burden of mental abnormality that is now imposed on Saskatchewan is due to immigration. Under a more rigid system of inspection the influx of mental defectives and insane would be reduced. Saskatchewan would do well to exert her influence in supporting the newly created Federal Department of Health in its desire to secure all needed facilities for adequate immigrant inspection.

(2) Other preventive measures include the early diagnosis and early treatment of mental disorders, the supervision of the mentally abnormal women of child bearing age, etc., etc. Many of the recommendations that follow might well be considered from the standpoint of prevention—especially those in connection with primary schools and psychopathic hospitals.

DIAGNOSIS

There is need for the employment of psychiatrists and psychologists whose services can be utilized in connection with the diagnosis of cases of mental abnormality. These trained examiners would work in public schools, courts, gaols, reformatories, homes for dependents, maternity hospitals, etc.

It is suggested that the staff of the proposed Division of Mental Hygiene of the Provincial Department of Education be utilized in this connection, together with the services of psychiatrists attached to the Battleford and Weybourne Hospitals and the proposed psychopathic hospitals. The creation of a Division of Mental Hygiene is recommended later in the report.

* An elaboration of certain recommendations will be found in succeeding chapters.

MENTAL HYGIENE FACILITIES FOR PUBLIC SCHOOLS

The problem of mental abnormality in public schools is of such importance that Saskatchewan is urged to adopt measures that will insure an early diagnosis of all school cases, together with the establishment of suitable measures for adequate training and treatment. The needed facilities for such an enterprise might include the following:—

- (1) A Division of Mental Hygiene attached to the Provincial Department of Education.
- (2) Special Classes, and other provisions for the training and treatment of mental abnormals.
- (3) Mental Hygiene instruction for teachers.

(1) DIVISION OF MENTAL HYGIENE.

It would be the function of the division to conduct mental hygiene surveys in schools, to supervise the training of mental abnormals, to assist Normal Schools in connection with the instruction of teachers, and to record all cases of mental abnormality discovered in schools, etc.

The head of this division should be a physician with *psychiatric and psychological experience. Medical and psychiatric training are necessary because many of the problems cannot be dealt with intelligently by a psychologist. This is the case since a considerable number of school children are afflicted with the beginnings of mental disease (insanity) and need psychiatric supervision. A psychologist trained in the use of mental tests is also needed, together with stenographic assistance. As the work progresses, further additions to the staff will be required.

This division should work in close co-operation with the mental hospital system and with the Provincial Department of Health.

(2). SPECIAL CLASSES. ETC.

In cities and towns where there are twelve or more defectives in school attendance it should be made obligatory to establish an industrial class. This class should have a well qualified teacher for the work, and the curriculum should embrace formal academic work, together with hand-craft, such as weaving, sewing, domestic science, carpentry, gardening,

* Psychiatry embraces the study of mental disorders from the medical standpoint and gives special consideration to disease entities, while psychology deals with mental processes and has furnished us with modern methods of intellectual measurement, e.g., Binet Simon tests.

etc., games, and drill. The aim should be to teach the child to the limit of his capacity with methods suited to intellectual endowment. Particular attention should be devoted to the development of healthy habits. When well organized, such a class holds the interest of children who are restless or inert in the regular school-room, and makes possible an effective training for citizenship in numerous cases.

In larger centres where many defectives are attending school, several industrial classes will be needed, and arrangements should be made for them on a basis of 15 pupils for each.

The Provincial Department of Education should supervise the work through the Division of Mental Hygiene, and in addition should grant financial aid. With regard to the latter, it may be of interest to outline the policy adopted in Ontario. The following clause is taken from the Ontario Auxiliary Classes Act:—

“The Legislative grant for Auxiliary Classes will be apportioned annually, as follows, for the proceeding school year, on the report of the Inspector of Auxiliary Classes, to each Board that complies with the regulations:

- (a) A fixed grant of \$100.00 for each Auxiliary Class.
- (b) Fifty per cent of the excess of each Auxiliary Class teacher's salary over the usual annual salary paid by the Board to the teachers of corresponding grades of the Public or Separate Schools. Maximum grant \$50.00.
- (c) Twenty per cent of the value of the approved special equipment for the Auxiliary Class or classes. Maximum grant \$100.00.
- (d) An annual grant of \$100.00 for approved vocational training in gardening, farming, household work, industrial work, given to not fewer than 16 pupils in any Auxiliary Class by a competent instructor.”

Since 70% of the school population of Saskatchewan is resident in rural parts, it is evident that special classes will solve only a comparatively small part of the problem of mental deficiency. It is therefore recommended that teachers in rural schools, where defectives are in attendance, be granted special remuneration for the instruction of the mentally handicapped upon approved lines. The training of the teacher for the work will be discussed under the next heading.

(3) INSTRUCTION FOR TEACHERS

A Mental Hygiene Course should be provided during the summer months at the Normal School in Regina or Saskatoon. Such studies as the following should be included in the curriculum, (a) Types of mental

abnormality, (b) Mental tests, (c) Training of mental defectives. Lectures should be supplemented with a demonstration of cases, the application of mental tests, and the observation of a Special Class in operation.

A bonus should be granted to all teachers who take advantage of the Mental Hygiene Course, and instruction should be provided by the Division of Mental Hygiene.

INSTITUTIONAL PROVISION FOR MENTAL DEFECTIVES

A certain proportion of the mental defectives of the province require custody and training in an institution for the purpose. Institutional care is indicated for the following groups—(a) low grade defectives, viz. idiots and imbeciles, (b) certain high grade cases with depressing home conditions, (c) dependent defectives, e. g. wards of the Department of Neglected and Dependent Children, (d) defective delinquents, including feeble-minded girls with immoral tendencies.

To serve the needs of such cases as has been outlined it is recommended that a training school for mental defectives be established in Saskatchewan. The type of school suggested might well be constructed along the lines of successful institutions on this continent. Excellent organizations are to be found at Waverley, Massachusetts; Vineland, New Jersey, and Rome, New York. British Columbia is now building units of a training school along modern lines.

The institution should make adequate provision for the segregation of defectives according to sex, intellectual development, age, and behaviour. As stated in a previous report by the Committee, an attempt should be made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentry, boot-making, weaving, while the girls receive special instruction in the household arts.

The aim of the institution would be to train as many defectives as possible for colony life, with the hope that they could be returned to the general community under supervision. With such a system in practice, the Province would be saved a considerable financial outlay and could make a comparatively small training school serve its needs.

Colonization of defectives has been carried on with great success by the institution at Rome, New York. The matter is of such importance that extensive extracts from a recent article by Dr. Charles Bernstein, Superintendent of the Rome Asylum, are submitted:

"We have been carrying on colonization with the feeble-minded for the past twelve years and have proved it practical, economical, and feasible in every way.

"We have at present ten farm colonies for boys, with at least twenty inmates and farmer and wife on each, living comfortably in the old farmhouse on one hundred or more acres of land. Such farms cost the state between \$5,000 and \$10,000 each, or a rental of from \$600 to \$1,000 a year, while institutional buildings cost at least \$500 to \$1,000 for each inmate. Also, these colonies are self-supporting after the first year, including all expenses and 5 per cent on the investment.

"We have one colony for boys at work in Rome, such work including gardening, caring for lawns, shoveling snow, tending furnaces, etc.

"We have eight colonies for girls in rented houses in the city of Rome and elsewhere about the state, where from 160 to 250 girls, under the supervision of matrons and parole agents, are supporting themselves doing domestic work, hand laundry, sewing, and mill work.

"The purpose of these colonies is to test out the boys and girls in an existence more nearly normal than is possible in a large institution. The privilege of colony life is given only to self-respecting boys and girls of reasonable intelligence, who wish to make an effort to be self-sustaining, law-abiding citizens. The boys' ages run from sixteen to thirty years, the girls' from sixteen to forty; in the girls' colony for preparatory training, from twelve to sixteen years.

"These boys and girls at first live in the colony houses, going out to work by the day. Later, if proven trustworthy, they are allowed to live at the houses where they work, using the colony houses as social centres for their leisure hours. Both boys and girls living in the colonies are encouraged to come back to the parent institution for dances, band concerts, moving-picture entertainments, and any needed medical attention.

"Church and Sunday-school privileges are allowed to all who care to take advantage of them. For the girls, classes are provided in the domestic arts, mending, letter writing, etc. Pianos and Victrolas are in use in all the houses, and girls who show ability are given musical instruction.

"The colony houses and their activities are regularly inspected by a parole agent, who also visits the houses in which the colony boys and girls are employed.

"Earnings are spent for housing, clothing, and savings-bank accounts and—to the extent of fifty cents a week—for pleasures and personal expenditures. About one-third of the earnings go into savings, thus encouraging each individual in habits of thrift.

"The results of the colony system we have found to be more self-respect, more hope, more happiness for individuals, and for the institution an atmosphere of hope that stimulates energy and industry, lessening the number of discipline cases.

"If there was any lack of proof that our system, as devised and carried out, is practicable and workable, it was to be found in the fact that during my absence of two months at the Plattsburg Offices' Training Camp, in the summer of 1918, two new colonies for girls—the one at East Aurora and the one at Syracuse—and one new farm colony for boys—the Lawrence Farm Colony—which had been opened just before I went away and had not been thoroughly organized, went on successfully to complete organization without my having to lend a hand or advise in any way.

CONCLUSIONS

"1. We believe that with better facilities for manual, industrial, and vocational training in our public-school system, to make up for the lack of opportunities for physical development, home training, and apprenticeship such as existed in the past, many of the border-line cases will be saved in community life and will never need asylum or custodial care.

"2. From now on, we should devote our energies toward enlargement along the lines of colonization, to rehabilitate as far as possible the patients that come to us and to return their services to the state, thus vacating many of the beds in our existing institutions and making them available for younger and more socially dangerous cases.

"3. The services of many of these women could well be utilized in large centers of population for domestic work, hand laundry, and sewing, thus in no way materially competing with native or naturalized American labor. At least 20 per cent, and I believe 40 per cent, of all feeble-minded and border-line cases can be very successfully and economically so handled.

"4. There is ample opportunity for colonization of all the available trained men on various parcels of state-owned land and on abandoned or undeveloped farms, where such labor is especially needed. At the same time the individual is rendered happy, contented, and self-sustaining in an environment well suited to his mental state.

"I am firmly of the belief that if this colony system is continued and proves as successful as it has in the past—which I am sure it will—we shall be able to provide in such colonies for at least one-half of all the feeble-minded who will have to be cared for by the state of New York because of dependency or delinquency. This method of caring for them will save

the state not only the hundreds of thousands of dollars that would otherwise be spent annually for the maintenance of these people, but also the overhead expense of \$1,000 per bed for from fifteen or twenty thousand cases. If we only consider the interest on this investment at 5 per cent, it will mean a matter of a million dollars saved in interest on the twenty million that would be spent in building for these twenty thousand people.

"And more, these cases will be made much happier and more contented by this method of treatment, much more normal in their lives and activities, while at the same time the public will have the benefit of labor which otherwise, according to present indications, will not be available.

"In connection with such a colony system, many of the boys and girls who have proven to be entirely trustworthy and amenable to ordinary family life will be placed on parole—boys on farms and girls with good families—to the extent of some five thousand at least.

"During the past ten years, I have seen many boys and girls thus rehabilitated, and the fact that a few fail on first trial or even repeatedly is no sure proof that we were mistaken in our judgment of their ability to live outside the institution. Often I have seen these failures succeed almost immediately when placed in another environment, and continue to succeed from thence on; possibly the previous experience of failure was the best lesson they could have had. Most of us normal individuals have at one time or another been at the point of failure, and probably would have failed had indulgent parents and friends not given us a chance to try again and yet again until we eventually found ourselves. Nor should a small number of complete failures lead to the condemnation of a system that is proving successful in the great majority of cases, with benefit both to the individual and to society."

HOME FOR MENTAL DEFECTIVES

The inmates of the present Home for Mental Defectives at Regina might well be transferred to the proposed Training School.

PROVISIONS FOR THE INSANE

1. Psychopathic Hospitals.

For reasons outlined in the next chapter, it would be advisable to establish two small Psychopathic Hospitals for the observation and early treatment of cases of mental disease.

2. Provincial Hospital, Battleford.

This Hospital is a most commendable institution, but its work would be facilitated if the following recommendations were put into effect.

(a) Admissions.

It would be prudent to place on the statute books provision for voluntary admission and for the acceptance of patients by certification of two physicians. The placing of individuals in gaol prior to commitment to the hospital is prejudicial to recovery.

(b) Airing Court.

The present airing court facilities are unsuitable. An arrangement might well be made to utilize another part of the extensive grounds for the purpose.

(c) Convalescent Home.

The establishment of such a Home would bridge the gap between hospital and home life for convalescent patients. The overhead expense would be considerably less than that entailed in the Mental Hospital.

(d) Social Service.

An extract from the British Columbia report of the Committee might well be quoted in this connection,—“The employment of one or two social workers in connection with the mental hospitals of the Province would, among other beneficial results, make possible the placing of an increased number of patients on parole.

In New York State during the year 1913, 975 patients were placed upon parole from the thirteen State hospitals, but during 1917 it was possible to increase this number to 1,504. This result was due in large measure to the establishment of Social Service, and saved the state many thousands of dollars in connection with upkeep. It is apparent that the growth and development of the parole system depends largely upon its proper supervision and this can best be obtained through Social Service and Out Patient Clinic work.”

(e) Occupational Therapy

This branch of the work has been well commenced and it is recommended that every encouragement be given for its further development.

(f) Feeble-minded and Epileptics.

A number of such cases are to be found in the Battleford Hospital, and these should be removed as soon as possible to Weybourne and later to the proposed Training School for Mental Defectives.

GAOLS, COURTS, REFORMATORIES, ETC.

The problem of delinquency is so intimately related to mental abnormality that the Committee considers it to be within its province to make certain suggestions.

(a) Psychiatric examinations.

The services of Psychiatrists might well be utilized in connection with courts, gaols, and reformatories. Trained examiners could be detailed for this work by an arrangement with the proposed Division of Mental Hygiene, the proposed Psychopathic Hospitals, and the Provincial Hospitals.

(b) Detention Home.

The present Detention Home at Regina would fulfil a greater usefulness if it were converted into an observation centre and clearing-house for juvenile delinquents. An endeavour should be made to sift the normal from the abnormal. The former might then be either returned to their original homes under supervision, or placed in suitable foster homes. Abnormals could with benefit be transferred to the proposed training school for mental defectives.

(c) Juvenile Courts.

There is need for the establishment of a number of these courts throughout the Province. They should be organized with due regard to the selection of judges who have the modern point of view, trained social workers for parole, psychiatric assistance, etc.

(d) Gaol Farm.

The gradual abandonment of the old gaol system to be replaced by modern gaol farm methods with industrial work-shops is to be commended. In the meantime a suitable airing court might well form part of the equipment at the Regina Gaol.

MATERNITY HOSPITALS, CHILDREN'S SHELTERS, ETC.

These organizations should be provided with the services of Psychiatrists. It has been frequently pointed out in the report that many unmarried mothers and dependents are mentally abnormal and need intelligent placement.

XII.

RECOMMENDATIONS.

THE MENTALLY DEFECTIVE.

While much has been done, and large sums have been expended in caring for the insane of Saskatchewan, the greater problem of the mental defective has remained practically untouched. Many cases of feeble-mindedness are confined in unsuitable institutions, such as the hospitals for the insane, industrial homes, gaols, etc. In the public schools, defectives have received scant attention and except in isolated cases little development. In other words, no definite policy of dealing with a large and important question has been mapped out. The time has come when it is necessary to adopt some comprehensive scheme likely to meet the requirements of the rapidly growing Province of Saskatchewan.

LOW GRADE DEFECTIVES.

The low grade mental defectives at present confined in Battleford Hospital for the Insane should, of course be removed and segregated in one institution. The proposal to appropriate some of the wards in the new hospital at Weybourne would probably answer as a make shift for the time being, but it cannot be safely accepted as a permanent and satisfactory solution of the question. Such a plan would doubtless relieve the overcrowding at Battleford, and would be in the interests of the mental defectives. Under this arrangement they would be segregated, and could receive the attention and care demanded.

These low grade cases are not, however, the types most difficult of management and treatment. Custodial care for them is a matter easy of arrangement, but the disposition of the higher grades is a difficult question, the importance of which cannot be over estimated.

When it is remembered that a great proportion of criminals come from the defective classes, it can be understood how necessary it is to get in touch with these individuals in their youth, so that their lives may be shaped, and if necessary, controlled. Such a plan is in the interest of the individuals as well as the State. If this were done the rising stream of criminality would be stemmed and the community saved much of the enormous expenditure, which in the past has burdened the tax payer. The administration of law has ever been an expensive thing, and the criminality of the mental defective has been the most telling item in the

bill of costs. Psychiatrists who are delving in the fields of practical experience with juvenile delinquents are surprised that State authorities so frequently fail to appreciate the fact that the punishment of a crime seldom fulfils the object it sets out to accomplish.

ADVISABILITY OF EARLY TREATMENT

The early treatment of those of criminal tendencies is the rational one, and the sooner in life this is undertaken the better.

The following case seen in a Saskatchewan gaol illustrates what the State loses by a neglect of the early study of mental defect.

A woman, who should not have been admitted to the country by the immigration authorities, had ninety-nine convictions recorded against her. When we saw her she was serving a sentence for a minor offence, and was soon to regain her liberty, no doubt to make the score an even hundred, as no plan of controlling her existed. She is the mother of ten illegitimate children, and it would be interesting to learn just how much she and her family have cost Canada. This unfortunate woman's defect could have been detected in childhood, and if she had been controlled the tragedy of her life would not have been enacted. The want of care exercised in her case emphasizes a need and shows the necessity of a readjustment of present methods. A careful study of the lives of the defectives who are permitted to roam, and who require protection and guidance, will show clearly that under present conditions they cost the country millions which might easily be saved under a wise system of management.

Of course, the schools and juvenile courts are the starting point in the study, and while a beginning has been made in some centres, yet the effort has been feeble, and not likely to lead to satisfactory results. Much more is to be done in the way of remodelling and re-organization.

IMPORTANCE OF SPECIAL CLASSES

In the schools the importance of special classes for the mentally handicapped has not apparently been fully recognized. True, one industrial class exists in the Victoria School, Regina, but it cannot accomplish much under present circumstances, although the teacher is proficient. Her work at present means a waste of time and energy. In another part of this report the school question is dealt with at length.

JUVENILE COURT.

A beginning has been made in the excellent Juvenile Court under the direction of Judge MacLachlan, who is capable, energetic and possessed of a fund of common sense that enables her to do much, but she is hampered under present conditions. Mr. Reynolds, the successful superintendent of Neglected and Dependent Children, is also working under difficulties. No matter how high a conception of duty he may have his efforts are, to a certain extent futile, for want of proper outlets when dealing with many of his charges of the abnormal class.

DETENTION HOME

The same remarks apply to Mr. Houston and the affairs of the Detention Home. All of these able officials are asked to do the impossible, and are making a noble attempt. Mr. Houston, for example, has high ideals and yet, how can he reach them when no attempt at classification of the boys in the Detention Home is made? Here we found normal and abnormals associating freely without any provision for their separation. Under an advanced method of dealing with such cases the normal boys would not be institutionalized, but removed from the bad environment and associations which caused their downfall, and placed in suitable families where their regeneration could be accomplished. In the Detention Home 59% of the boys were found to be abnormal and their cases required special consideration and study. Without the services of an experienced psychiatrist it is not possible to reach satisfactory conclusions regarding the treatment of many of these handicapped children. The question is largely medical and psychological.

ERECTION OF AN INSTITUTION TO REPLACE DETENTION HOME

As pointed out in the detailed report on the Boys' Detention Home we would recommend a new institution, to be built on a large farm near Regina. This would replace the present Detention Home and might be called the Boys' Village or given some similar designation. It should consist of inexpensive units, each having accommodation for fifty pupils. There should be provided industrial training facilities so that each boy might be developed along lines found most suitable for him.

GIRLS' VILLAGE

A Girls' Village organized in a similar way, but with much greater limitations as far as farm area is concerned should also be established. It might be placed on the same farm as the Boys' Village, but at a safe distance so that all possibility of communication between the sexes would be prevented. Both organizations could be administered from one central office. The need of such an institution in Saskatchewan is obvious.

PSYCHIATRISTS

The services of at least two or three public psychiatrists are required, whose duties would include attention to juvenile court cases, inspection of school children, and the mental examination of inmates in detention homes, gaols, etc. They would be fully occupied, and would save countless thousands of dollars to the State by dealing intelligently with defectives whose mental make-up renders them incapable of self-control and unfit to mix with society.

XIII

RECOMMENDATIONS

THE INSANE

Saskatchewan has made suitable provision for the custodial care of a certain proportion of its insane. It has also recognized the fact that one institution cannot reasonably be expected to supply the needs of such an immense Province. The development of the new hospital at Weybourne will relieve the situation for the present, as far as the chronics are concerned, but will not meet the needs of all classes. It goes without saying that any scheme which to a great extent ignores the questions of prevention and early treatment falls far short of modern requirements.

It is universally conceded that early treatment is the "sine qua non" in mental cases, and it is admitted that the majority of developing cases will not go to a hospital for the insane for treatment even under the voluntary system of admission. It is not difficult to sympathize with this point of view because the prejudice is founded on the old tradition which made it a species of disgrace or even crime to be insane and to require legal commitment to a public or even a private institution. Frequently the patient who was sent to a public institution became one of a herd—his

individuality was lost and opportunities for special treatment missed. The whole asylum system tended to magnify evils, and prejudice frequently found a basis in actual fact. These points are so well recognized that it is not necessary to waste time on further argument. It is now very clearly established that in the prevention and early treatment of cases of insanity the building of small psychopathic hospitals provides the ideal plan for meeting the situation. These small institutions are preferably located near general hospitals for various reasons, and are organized upon similar lines. In other words, they are hospitals in every sense of the term. Two such institutions with a capacity of sixty beds each would answer the purposes of Saskatchewan at the present moment. The necessary number of beds would be small, since the patients are kept in residence for a comparatively short time. Indeed it is a mistake to provide more accommodation than is actually necessary because of the danger of the pressure brought to bear by influential friends to have obvious chronic cases retained when they should be elsewhere. Manitoba made a beginning with its psychopathic hospital in Winnipeg, and it may be of interest in this connection to present a brief outline of its history since organization.

"The Manitoba Psychopathic Hospital built and maintained by the Government, forms the centre of the provincial system. It is affiliated in a measure with the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless of all concerned. The building itself is not ideal and illustrates the lack of knowledge of the average architect concerning the structural requirements of this type of an institution.

"Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary commitment on order of the magistrate. The third method is one very seldom employed now—the great majority of the patients being either voluntary or general admission cases.

"Since the hospital opened there have been two hundred and fifty admissions.

"During their stay in the hospital, which has averaged twenty-nine days, the patients are studied both physically and mentally, including laboratory examinations. Treatment is then prescribed. The usual general hygienic measures and hydrotherapy are routine. Occupational work is considered of great value not only because of its diversional

powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor response indicates by its growing orderly arrangement a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

"Records are made in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding symptom. The classification of the Statistical Manual of the American Medico Psychological Association and the National Committee is followed as closely as possible.

"The first one hundred and fifty cases were grouped as follows:—

Dementia Praecox.....	35
Psychoses with Somatic Disease.....	17
Not Insane.....	16
Manic Depressive Psychosis.....	12
Constitutional Psychopathic Inferiority.....	12
Neuro Syphilis, including G.P.....	10
Feeble-mindedness.....	9
Involuntal Melancholia.....	9
Senile Psychoses.....	7
Paranoid Conditions.....	6
Alcoholic Psychoses.....	5
Not Diagnosed.....	4
Epilepsy.....	3
Drug Addiction.....	2
Chorea.....	2
Parosmia.....	1

Thirty-seven per cent of the cases were committed to Provincial Hospitals. Five per cent died, but in all except one there were evidences of somatic disease. The remainder of the patients went home and according to the follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The proportion of the various types committed is as follows:—

Manic Depressive Psychosis.....	80%
Senile Cases.....	71%
Dementia Praecox.....	69%
Involution Melancholia.....	68%
General Paresis.....	60%
Feeble-minded.....	44%
Paranoid Conditions.....	33%
Psychosis with Somatic disease.....	6%

"Over three hundred and eighty examinations were made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental abnormality.

"A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination."

Two psychopathic hospitals are recommended for Saskatchewan as a result of a careful review of the situation, one at Regina and the second in Saskatoon. Saskatoon, with its developing medical school, requires this addition to its teaching and clinical facilities as it is most important that the medical student should, by the time of graduation, have acquired a broad knowledge of what has become one of the most important branches of general medicine. A brief glance at the medical curricula of the present day shows that since the war, educational authorities have suddenly awakened to the importance of psychiatry and have extended their courses so that mental diseases now receive the attention they demand. The strain of the war brought to the surface the facts long known to psychiatrists, that the number of mentally diseased and defectives is far larger than was ordinarily supposed, and the results of early and intelligent treatment were so satisfactory that psychiatry came into its own. The importance of intelligent nursing was also discovered and the graduates who had been fortunate in receiving special training demonstrated their value. By placing the psychopathic hospitals near general hospitals a system of training of the best of the pupil nurses is easily devised with satisfactory results.

The demand for clinical instruction in psychiatry has long been a crying one, and while it is true that some of the early efforts to establish psychopathic hospitals failed and gave the opponents of this advance opportunity to criticize, it is none the less true that when properly established they are a lasting benefit to the insane, and to those who would study and treat their infirmities.

Then we must not forget that the so called stigma attached to being sent to a public asylum—no matter how great the popular error regarding it,—is a deterrent to those who would accept early treatment under other circumstances. We must sympathize with this feeling of degradation and do what we can to abolish it. Insanity is an unspeakable calamity under any circumstance, and it is a pity to add to its horrors. Nothing has contributed more to the development of the feeling of degradation than the legal methods employed in securing commitment under the process of the law even in the earliest stages of disease, and the indiscriminate abuse of the gaol system.

Not so many years ago general hospitals were shunned as far as possible by the average citizen, and perhaps not without reason, but since the days of efficient nursing and advanced medicine, they have established their place in the community. It will be the same story with the insane. Psychopathic hospitals will educate the public to the fact that insanity is a disease, much more quickly than any other method of instruction. Custodial institutions we must have for a certain proportion of the incurable insane, but that number may be materially decreased by the development of the psychopathic hospital. Of course, it goes without saying that the personality and experience of the medical head of a hospital will make or mar its efficiency, and such an official should be selected simply on his qualifications.

While this is true, it is also important that the management of the psychopathic hospital should be under the direction of a psychiatrist, preferably a government official, and the nursing under the control of a specially trained nurse independent of the general hospital. In practice this is the only plan that works out successfully. The nursing of the mentally diseased is a special problem in itself and ordinarily the methods followed are very different from those of the routine of a general hospital.

Another advantage in having the psychopathic hospital near the institutions referred to is that they may benefit by laboratory equipment—pathological, bacteriological and serological—roentgen rays, metabolism apparatus, etc., as well as opportunities of following different lines of research.

The establishment of psychiatric out-door clinics too, is possible under this arrangement. These clinics would make the examinations for the Juvenile Courts, co-operate with schools in making mental tests of children suspected of suffering from mental disease or being defective.

In connection with hospitals for the insane there should be a well organized social service system for follow-up work. This would pay for itself over and over again. Many patients might safely be returned to their own houses during the period of convalescence if the hospital authorities felt that they would be under intelligent supervision. As it is at present the number of patients on probation is much smaller than it would be under a more advanced arrangement. When it is remembered what each patient costs per diem it can be readily understood that a marked reduction in maintenance costs will follow the adoption of the plan proposed. At the same time the question of per diem cost is subordinate to the more important one of early cure.

The construction of small Convalescent Homes should be considered too. It is a well known fact that some patients recover far more rapidly if removed from the wards when they begin to show signs of convalescing.

A certain proportion of these react badly if sent home on probation, as old associations are sometimes painful and a hindrance rather than a help in establishing a complete recovery. For such patients a convalescent home is ideal.

XIV

GAOLS

Judged by old standards the gaols of Saskatchewan are excellent. They are well built and staffed by conscientious officials. If custody of prisoners were the only consideration, criticism would be largely unwarranted, and elaborate recommendations for improvement would be rendered unnecessary.

There is a growing conviction, however, that custodial care by itself is insufficient. If the state aims to diminish criminality—if it attempts to reform the individual delinquent—additional measures are necessary. There is need, among other things, for the careful study of the personality of each offender, his family history and environment with the application of treatment based on individual requirements. Under the old regime punishment has been meted out to suit the particular crime committed. The treatment of each delinquent should of course, be of a character that will protect society, but it must at the same time elevate the offender to a higher plane—mentally, morally, and physically. Of still greater importance is the need for an intelligent policy of dealing with juvenile delinquents. Without safeguards they recruit the ranks of adult criminals.

The present methods employed in Saskatchewan do not fulfil the requirements that have been outlined. There has been no systematic attempt to study the personal characteristics of each offender with the result that many are incarcerated in gaol who would be better cared for elsewhere. This statement applies with particular force to the feeble-minded and insane. Those of normal mentality who have committed criminal offences might be dealt with to greater advantage in a gaol farm than in the institutions at Regina and Prince Albert. An elaboration of the Juvenile Court system throughout the Province would do much to cope with the problem of child delinquency.

Definite recommendations concerning courts and gaols follow.

COURTS

The services of a Psychiatrist are needed in the criminal courts. Mental examinations could be made and data pertaining to the personal

history, family history and environment collected. This information would be invaluable in many instances in assisting the Judge or Magistrate in the disposal of cases. Individuals in need of prolonged custodial care and suitable training would be recognized, and the futility of sending them to gaol for limited periods with bad results would be obviated. The province might be saved a repetition of such histories as are herewith presented. Case A. is that of a Polish boy 19 years old. Since the age of 10 he has been guilty of repeated offences such as theft, housebreaking, vagrancy. He has been arrested ten times, and is now in the Regina Gaol. He is feeble-minded, and it is obvious that a recognition of his mental condition would have suggested different treatment than he has received in the past. Case B. is that of a Scotch woman of 40. She has been in Canada since 1903. Sixteen years ago she married, but lived with her husband for one day only. For the last fourteen years she has been consorting with another man, and has had ten illegitimate children. She is a chronic alcoholic and has appeared in Winnipeg courts on ninety occasions. Her present incarceration in Prince Albert Gaol constitutes her ninth term in this institution. She is feeble-minded and will undoubtedly repeat former offences with the results that the courts will deal with her in the same manner—a hardship to herself and to society. A psychiatrist might well have assisted the courts in making a more prudent disposal of the case.

A psychiatric study of the inmates of the Regina and Prince Albert Gaols demonstrated that many were of unsound mind, and that the province could expect little unless the fact was taken into consideration and special facilities provided.

Another argument in favor of careful examination before disposal emerged after a study of twenty-two female prisoners in Prince Albert Gaol. Many of these individuals were syphilitic and mentally deficient, and it was only too clear that gaol was not the proper place for them. At the expiration of their sentences they would be set at liberty to prey on society, scatter venereal disease, and to suffer themselves. They were in need of prolonged custodial care where they could be provided with suitable occupation and given treatment for their disability.

GAOLS

It is encouraging to learn that a gaol farm is being developed at East Wadina, and it is to be hoped that it will include methods that have been found successful in similar organizations.

The following description of the Ontario Reformatory at Burwash may prove of interest:

The Burwash Farm was set aside for reformatory purposes in 1914, and consists of 35,000 acres situated in the unbroken bush, twenty miles south of Sudbury. The organization occupies a very important place in the link of facilities for the care of the criminal population of the province. Prisoners are received for sentences of from three months to two years less one day. Only those cases are accepted who have the physical strength for farm work. The Reformatory is best suited to short term men for whom the teaching of a trade would be impossible during their limited incarceration. It was stated recently by a competent observer that the farm supplies an excellent training for the hardy young delinquent of short sentence, but that it is essential that the organization should be supplemented with an industrial institution for longer term men and for those unsuited through age or poor physique to stand the strain of the north woods.

Approximately 600 men are accommodated in five camps. They are employed in clearing and cultivating the land. In three years over 1200 acres have been reclaimed, and large crops have been raised. In 1920, 6,500 bushels of potatoes were grown. Roads have been built through unbroken forest and 250 head of cattle and 280 sheep kept. The outlay on the organization has not exceeded \$350,000, and it is believed in two or three years it will be self-supporting.

The prisoners do not wear prison garb, and every effort is made to preserve self-respect. Escapes are infrequent. The men appear to be in good spirits, healthy, robust and satisfied. Practically all gain in weight and leave the farm in a healthier condition than when they were received.

70% of the prisoners are trusted. A remission of one day per week is allowed for good behaviour, and those who are discharged before the expiration of their sentence report weekly to the police for a stated period.

In the near future a psychiatrist will be added to the staff and the men will be classified according to mentality and trustworthiness.

The gaol farm plan of caring for certain types of prisoners is preferable to the old-fashioned gaol. When well managed it encourages self-respect on the part of those in custody, and is a boon as far as physical health is concerned. From the standpoint of the province it should commend itself because it is inexpensive.

Experience elsewhere has demonstrated the need of work shops where the aged and those of poor physique might be satisfactorily employed. An organization with these facilities might be attached to the gaol farm at East Wadina.

XV

SUMMARY OF RECOMMENDATIONS

1. Endorsement of policy of rigid mental inspection of immigrants.
2. Mental Hygiene facilities for Public Schools.
 - (a) Creation of Division of Mental Hygiene.
 - (b) Organization of Special Classes for Defectives.
 - (c) Mental Hygiene instruction for teachers.
3. Establishment of training school on farm colony plan for mental defectives.
4. Organization of two Psychopathic Hospitals.
5. Recommendations in connection with the Provincial Hospital, Battleford.
 - (a) Provision for voluntary admission and for the acceptance of patients by the certification of two physicians.
 - (b) Abandonment of present airing court.
 - (c) Establishment of Convalescent Home.
 - (d) Employment of Social Worker for patients on parole.
 - (e) Further development of Occupational Therapy.
 - (f) Removal of feeble-minded and epileptic patients.
6. Gaols, Courts, Reformatories, etc.
 - (a) Utilization of psychiatrists in connection with courts, gaols, and reformatories.
 - (b) Conversion of Detention Home for Boys at Regina into an observation centre and clearing-house for juvenile delinquents.
 - (c) Establishment of a number of juvenile courts throughout the Province.
 - (d) The gradual abandonment of the old gaol system, to be replaced by modern gaol farm methods.
7. Maternity Hospitals, Children's Shelters, etc.
 The provision of the services of Psychiatrists for these organizations.

REPORT OF THE COMMISSIONER OF MENTALLY DIS-
ORDERED AND DEFECTIVE PERSONS FOR THE
UNION OF SOUTH AFRICA

In 1916, the Union of South Africa passed a Mental Disorders Act. This Act covers all cases of mental disorder or defect where, as a result of such disorder or defect, the patient is incapable of managing himself or his affairs, is a danger to himself or others, or requires care, treatment and control.

Dr. J. T. Dunston in his report reviews the working of this Act and analyses the effect it has had on the problem of the mentally disordered and mentally defective.

On December 31st, 1919, there were 5,888 patients on the register of the Commissioner of Mentally Disordered and Defective Persons. Of these, 2,885 were white, 2,125 natives, 724 coloured and 154 Asiatic patients.

Dr. Dunston finds that magistrates have not made sufficient use of Section 13 of the Act which enables them, pending the determination of an application, to decide where the patient shall be detained. Not infrequently where the home environment of the patient is bad or the opportunity for proper supervision and treatment is inadequate, a Mental Hospital, especially when such an institution is very near and accessible, is the best place for immediate care. Too much emphasis cannot be laid on the necessity for treatment of cases of mental disorder in the initial stages and before the disease has become established.

In the case of defectives, so little is known by general practitioners about the symptoms and diagnosis of its higher grades that the most obvious cases are left uncertified, though they were proved to be quite irresponsible, incapable of competing with their normal fellows, without foresight or the powers of learning by experience, and requiring care, supervision and control in their own interest and still more in that of the community. They are not dealt with under the Act as therein provided and it therefore means not only that they cannot be improved in character and usefulness (as they will improve under proper treatment and training), but that all of them who are in bad environment become more degraded and more useless and swell the ranks of criminal, inebriate and prostitute classes, thus leading to enormous unnecessary expenditure, not only by the State, on prisons, mental hospitals, charities, etc., but also by Church, public and private organizations.

No student should leave his hospital without such acquaintance with the diagnosis and understanding of the sociological importance of the higher grades of mental defectiveness and of the early symptoms of mental disorder. They should also be able to recognize the necessity of expert consultation and advice.

Dr. Dunston shows that in the Union of South Africa not less than 1-297th of the population are mentally disordered or defective (excluding the feeble-minded), while there was accommodation for 1-512th.

The out-standing feature of this report is that the Union of South Africa has assumed the full burden of the problem of the mentally disordered and feeble-minded. It is a federal responsibility and not a State one. In this way the care of these persons is better co-ordinated than it would be if left in the hands of the separate states.

The Union has fully assumed this burden and is arranging for the erection of new mental hospitals, psychopathic hospitals, institutions for the feeble-minded, and increased medical staffs as rapidly as possible.

NOTES AND NEWS.

CONNECTICUT SOCIETY FOR MENTAL HYGIENE

At the 14th Annual Meeting of the Connecticut Society for Mental Hygiene, held in Bridgeport, Connecticut, December 2nd, 1921, the following resolutions were passed:

RESOLVED: That Mr. Clifford W. Beers, the originator of the Mental Hygiene Movement, be made the first Honorary Member of the Connecticut Society for Mental Hygiene. The Board of Directors takes pleasure in conferring this membership on Mr. Beers, who not only organized the Connecticut Society for Mental Hygiene, the National Committee for Mental Hygiene and the International Society for Mental Hygiene, but who stimulated a world wide interest in the humane treatment of the mentally afflicted through the publication of his book, "The Mind that Found Itself." It has been demonstrated that Mr. Beers was gifted with a clear vision in regard to the treatment of mental disease, which has enabled him, through the societies he has organized, to ameliorate the suffering of a large part of humanity.

RESOLVED: That Dr. Thomas W. Salmon, Medical Director of the National Committee for Mental Hygiene, be elected an Honorary Member of the Connecticut Society for Mental Hygiene. Dr. Salmon has for ten years stimulated, both in the field of medicine and sociology, the growth of a genuine interest in psychiatry. Furthermore, Dr. Salmon has contributed to science notable studies in the field of mental medicine. He has rendered brilliant and conspicuous service both to this country and its allies during the war while directing the neuro-psychiatric work of the American Expeditionary Forces; therefore, it is the feeling of the Board of Directors that in making Dr. Salmon an Honorary Member it is bestowing an honor on the Society.

RESOLVED: That the name of Dr. C. Floyd Haviland, Superintendent of the Connecticut State Hospital, be added to the list of Honorary Members of the Society. Dr. Haviland has rendered conspicuous service to the Connecticut Society for Mental Hygiene and to the people of Connecticut during his tenure of office as Superintendent of the Connecticut State Hospital. Through his exceptional administrative ability and extraordinary comprehension of the human factor, he has raised the standard of mental hospital care to a high plane. His influence in Mental Hygiene is not only felt throughout this State, but as a member of the National Committee for Mental Hygiene, he has rendered a service to the entire country. The Directors of this Society take great pleasure in conferring this membership on Dr. Haviland, realizing that he is one of the foremost psychiatrists in the United States.

"BOOK REVIEWS"**OPTIMISTIC MEDICINE OR THE EARLY TREATMENT OF
SIMPLE PROBLEMS RATHER THAN THE LATE TREAT-
MENT OF SERIOUS PROBLEMS**

By Arthur G. Crandall. F. A. Davis Company, Publishers, Philadelphia. Price \$3.00.

A very entertaining and readable book. The author does not presume to diagnose nor treat disease, as he is not a medical man, but he tries to show, from his knowledge gained in insurance work, how a physician can better treat and hold his patients and how it would be much better for people to consult their physician before any serious illness has developed, rather than when the physician can only diagnose and prescribe but little. There is nothing new in this book. The importance of optimism on the part of the physician is strongly emphasized. It is written in simple rather than technical manner.

THE CHILD IN THE FOSTER HOME

By Sophie Van Senden Theis and Constance Goodrich, Superintendent and Assistant Superintendent of the Child Placing Department of the New York Charities Aid Association. Published by the New York School of Social Work.

This monograph deals with the placing and supervision of children in free foster homes. The authors have made a comprehensive study of this subject, and have given a detailed account of work actually done by the New York Charities Aid Association.

Two important points have been emphasized—the importance of a careful study of the temperaments of the foster parents, as well as their financial and social standing, and the necessity of a sympathetic understanding of the child and the type of home to which he is best suited.

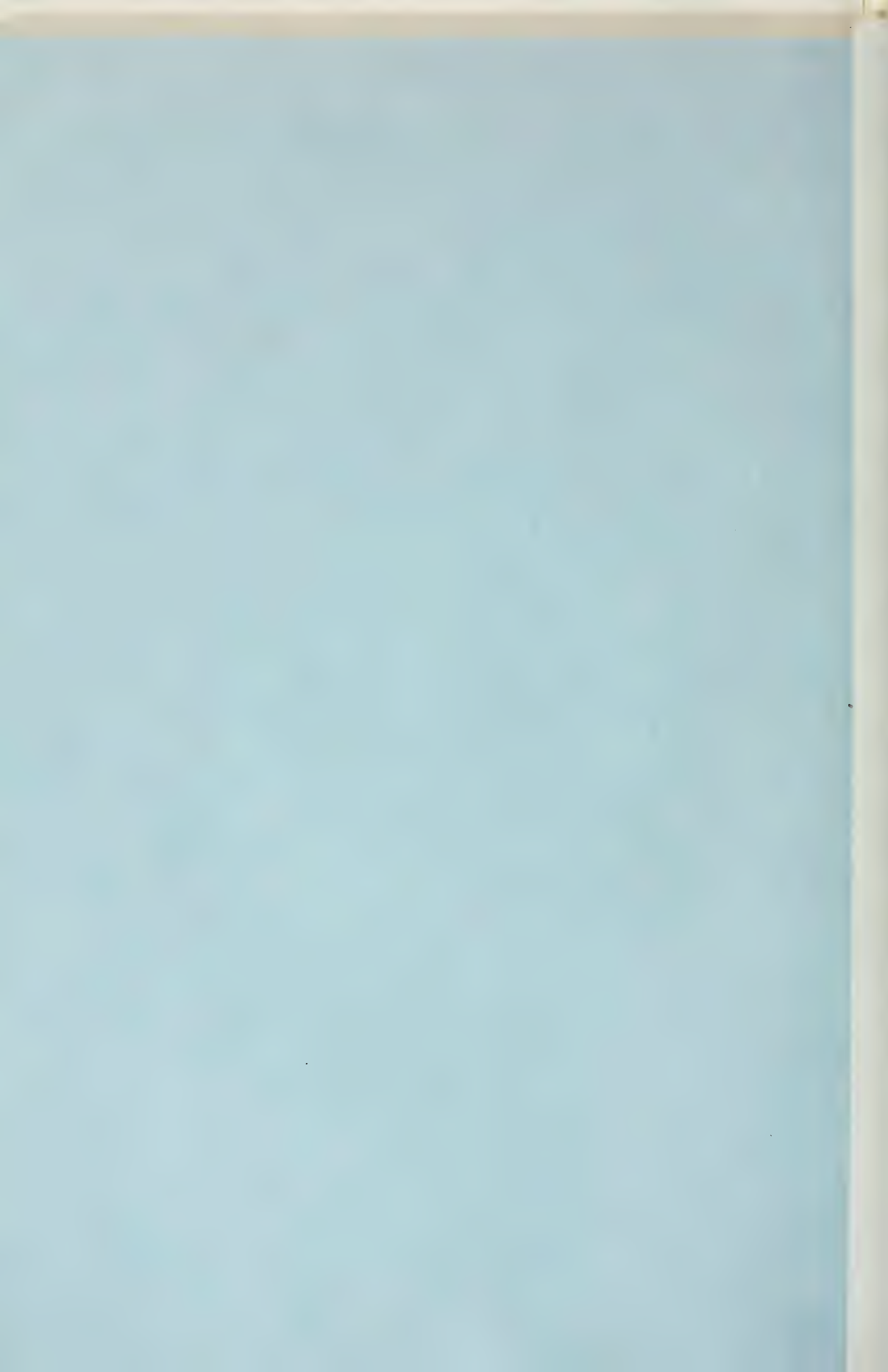
This book should be of inestimable value to Social Workers and to members of boards, dealing with child placing.

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